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VALUES—THEIR DYNAMICS IN BEHAVIOR AND PSYCHOTHERAPY

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In this paper *values* are considered not merely the ornamental furniture of a part of the mind called conscience, but as the building-blocks out of which attitudes and behavior are constructed. Along with more primitive building-blocks which are instinctual in origin, they structure man's life.

Values are *enduring beliefs, conscious and unconscious, in the worth of particular forms of experience*. Certain forms of experience are more or less universally valued—at least by men living in societies which are not obviously pathological. These are the forms of experience we describe as *being loved unconditionally, loving and identifying with others, self-assertion and independence, mastering the environment, seeking order and structure in life, and creative activity*.¹ In a previous paper,² I have discussed the "basic emotional needs" which we feel when we are attracted by the goal-

¹ Dewey names them as follows: "The values of art in all its forms, of knowledge, of effort and of rest after striving, of education and fellowship, of friendship and love, of growth in mind and body." *Intelligence in the Modern World—John Dewey's Philosophy*; New York, Modern Library, 1939, p. 1025.

² Dallas Pratt, "Making the Environment Respond to Basic Emotional Needs," *Psychiatry* (1952) 15: p. 184

states identified with these valued experiences.³ The behavior of a mentally healthy individual, if broadly surveyed over a period of time, is seen to reflect many basic or universal values. In such an individual they balance one another, so that none are exaggerated unduly, and they are well integrated one with another.

Defective Values

Another look, however, at the definition of values suggests that there are possibilities for their defective formation. In the first place, it will be recognized that what dictates the "forms of experience in whose worth we come to believe" is the emotional satisfaction of the moments in which we are exposed to the experience. Thus the child may incorporate pathological forms of experience and construct his values on them because these experiences may come to him through a parent he loves. In this case, there is a qualitative deformity in the values. On the other hand, there may be quantitative distortion. That is, the experiences themselves may be expressive of one of the basic, healthy values, but their worth may be overestimated because of the repression of other forms of experience related to other values. Thus, not properly balanced by other values, the value of self-assertion in an unloved, poorly disciplined, "spoiled" child may become hypertrophied and result in pathological behavior.

The neurotic facade may at first seem complex and difficult to understand because of its strangeness, irrationality, and incoherence, but once it has been pierced there is revealed a realm actually very poor in values. The first appearance of complexity is succeeded by an impression of emptiness and monotony. G.K. Chesterton spoke of the psychotic as being in a "tiny and tawdry theatre in which his own plot" is always being played. "He is in the clean and well-lit prison of one idea: he is sharpened to one painful point. He is without healthy hesitation and healthy complexity."⁴ George Devereux, also, finds in mental disorder

a loss of plasticity and fineness of adjustment. Fixations, inhibitions and repressions decrease the patient's plasticity and satisfy the archaic super-ego's demand for gross, protopathic, all-or-none reactions . . . The roots of normal behavior resemble those of a tree—many-branched, ranging from thick roots to fine tendrils. The roots of abnormal behavior resemble perhaps only a forked carrot—two thick stems, with a few thin tendrils attached to them.⁵

³ "Value," "goal," and "need" may be functionally differentiated; thus, in the belief that a particular form of experience is valuable, the individual imagines a goal-state which incorporates the essence of it, and then seeks to change his present state into a replica of the goal-state. The difference between present and goal-state is felt as a "need." The act of attempted change from present to goal-state is called "behavior."

⁴ *Orthodoxy*; London, The Bodley Head, 1949, p. 24.

⁵ "Logical Status and Methodological Problems of Research in Clinical Psychiatry," *Psychiatry* (1951) 14, p. 329.

This is illustrated by the case of Susan C. She was raised by a mother who, to mask her unconscious rejection of the girl, encouraged in the home an exaggerated indulgence for her daughter. Susan, basically insecure, constructed a fantasy of being a "princess on a pedestal," and reduced all her relationships, whether with relatives, boy-friends or girl-friends, to a stereotyped ritual in which she accepted homage in the form of compliments and formal social gestures. In pushing blindly toward this insistent, narrowly conceived goal of receiving perpetual homage, she exaggerated and exploited certain potentials in the environment, distorting them to fit the procrustean bed of the defective value. Other values were neglected. Since the environment is made up of people with their own complement of needs, when abused in this way it naturally "fights back." The neurotic behavior is lodged in it like a foreign body, and forms no "pattern of interlocking" with its surroundings.

These surroundings—persons or institutions with whom the individual is in relationship—appear to the neurotic as alien presences, especially when they exhibit behavior which does not conform to the mold of the paramount neurotic need. The uncooperative environment is either combatted, or submitted to just as it is, depending on the individual's aggressiveness or passivity, but it is not integrated, controlled, or transformed. The individual's own behavior in this context is beset by obstruction and disappointment, so that the results fall short of the expectation of the doer. This is inevitable when expectation is based on an oversimplified concept which does not do justice to the complexity of the interpersonal environment.

Susan C., who conceived of the majority of her relationships in terms of receiving homage, chose (or had chosen for her) a value which we perceive as defective. In the first place, it structured her experiences of receiving affection in ways which—except possibly for a monarch, or film-star—were unsatisfactory and unrealistic. Secondly, it exerted an exaggerated and disproportionate influence in the psyche because other values of equal affective potency were not operative. The origin of this disproportion lay in the frustration which the patient suffered from a mother who was unable to give love, resulting in the patient's seeking a substitute with the intensity which frustration creates, and ending with "homage" as the preferred form of experience. As mentioned, the mother herself connived in this substitution of a facsimile of love for the reality, and was also instrumental in suppressing any tendencies the daughter may have had to value the more normal ways of receiving love from the mother and, subsequently, from others.

Thus, in many neurotics, the major energies of living are diverted to goals structured by a particular value which has grown too powerful. This occurs either because the value derives from a form of experience which the patient was once deprived of and now estimates too highly, or because, through the deficiency of other values, one value becomes dominant in a constricted personality. At this juncture, therapy may be needed to modify

the power of the defective value, which is distorting the personality through its one-sided influence, and is causing behavior which is in conflict with the best interests of the individual and of those in contact with him.

Dangers in Making Defective Values Conscious

Another illustrative case is that of James Z., a college student who fails courses, dresses in a sloppy manner, and becomes engaged to a girl considered unsuitable by his parents. Qualitatively, these acts appear to be confusingly at variance. However, if we disregard their surface differences, we see a common defective value which, like a string, threads them together. The student is trying to *rebel against parents* who, as we might have guessed, put a high premium on academic success, a well-groomed appearance, and a conventional marriage. In the case of Susan C., "receiving homage" was a neurotic form of the basic value "receiving love." Here, "rebellion against parents" is a defective approximation of the basic value "gaining independence"—a value which has been frustrated by domineering parents and has thus sought this distorted expression.

What will be the effect of making the patient conscious that his behavior is, in various ways, an expression of the desire to rebel? It may have some clarifying effect, giving him understanding of his actions and perhaps reducing the anxiety with which, at times, he views the apparent irrationality of his conduct. But, very likely, the behavior will continue, in one fashion or another, because nothing as yet has occurred to diminish either his real desire to rebel, or the subsequent satisfaction which the acts of rebellion bring. The satisfaction may be short-lived, because the behavior may irritate the environment into "fighting back"; but unless this negative reaction is intense enough to cause actual inhibition, the satisfaction will probably continue to be sought in compulsive fashion. The therapist has to be on guard against assuming that, once the patient is conscious of the desire to rebel, he will seek to discard the defective value on the supposition that it is opposed to other more constructive values, such as love for parents, or desire to behave in a more mature and rational manner. These positive values may be potent in the therapist's thinking, but unless they have also been made conscious, through therapy or otherwise, in the patient, they may not be operative at all in the latter. Freud, it is true, advocated making conscious the neurotic wish, on the grounds that by being made conscious it could only be weakened, but it is important to note that it was not merely the making-conscious which he believed would produce this effect, but the fact that, once conscious, the wish would be accessible to "those wishes which are also conscious and which strive against it." ⁶

In fact, the absence of such conscious contrary strivings, or healthy values, may make the formulation of the purely neurotic dynamics positively harmful. It is not merely that the patient may, after a time, lacking a

⁶ Sigmund Freud, "The Origin and Development of Psychoanalysis," in *An Outline of Psychoanalysis*; New York, The Modern Library, 1925, p. 68.

sense of improvement, utter the well-known complaint: "I know all about my complexes but I'm not getting any better." The conscious formulation of neurotic values, of infantile desires, which when acted upon give satisfaction, may, in a therapeutic or social environment which implicitly condones them,⁷ forge an instrument which hews out ever easier access to that satisfaction. Hostile impulses which operated more or less unconsciously and sporadically were codified into conscious systems of persecution in Nazi Germany. In the "brain-washing" techniques of the Communists, at least in the subtler forms, pathological values are formulated in such a way that they are finally accepted by the individual, who then proceeds to reevaluate himself in an orgy of self-criticism.⁸

In psychotherapy, repeated formulation of the motivations of the neurosis, without sufficient attention to the discovery of opposing values, does little to deter a patient from constantly extending his search for satisfaction from acted-out neurotic impulses. This point is reiterated because it is pertinent to the vexed question of psychotherapeutic failures and "interminable analysis." No matter if a patient can interpret, with considerable clarity and even self-condemnation, the dynamics of his behavior to the "permissive" therapist: if an underlying value such as infantile dependency remains dominant, he may merely be untying himself from his mother's apron-strings in order to tie himself, just as securely, to the therapist. He will not feel able to abandon the defective value unless other values emerge which are effectively more potent, and which motivate behavior producing more satisfaction than the neurotic activity did.

Value-Change in Ordinary Life

Value-change has been much studied in non-psychotherapeutic contexts—see particularly William James, James H. Leuba, and E.D. Hutchinson. The following history is that of a woman who, though psychoanalytically oriented, was not in therapy. It illustrates the sudden way insight may develop in daily life, and the associated dynamics.

Dorothy X., a 32-year-old social worker, was in love with a much younger man. The affair prospered for a time, because he was awed by her brilliant personality, and passively accepted her need to "make something of him." Two years passed, during which he became more mature and independent. He began to cultivate some artistic friends of whom she disapproved. Finally, he terminated the sexual side of their relationship, and no longer sought her company. For a long time she could not accept his

⁷ "People to-day turn their personal failings into Contemporary Phenomena; they identify what is ill-behaved in them with the *Zeitgeist*; they become stockholders in neurosis; they are magnificently realistic about the 'age' and quite cavalier and irresponsible about themselves." Louis Kronenberger: *Company Manners*; New York, Bobbs-Merrill, 1954; p. 224.

⁸ Among the Mau Mau, a violent and destructive value-system is engrafted on postulants by means of oath ceremonies. Strong emotions are aroused through rituals which are, at the same time, degrading yet sexually stimulating, much as disciples were initiated in Satanism through the bestial rites of the Black Mass.

rejection of the kind of life she had chosen for him, on the grounds that he had exchanged it for Bohemian ways which might degrade him.

One day he said to her: "As a social worker, you are trained to accept your clients' strivings for independence, but mine you try to stifle because they run contrary to your need to dominate." It came over her in a flash that this was true, and from then on she ceased to put pressure on him to conform to her ideas.

Shortly afterwards she read some sentences in a novel which seemed to strike home:

Man's will is a demon that will not let him be. It leads him to the edge of a clear pool; and while he sits admiring it, with his soul suspended over it like a green branch and dwelling in its own reflection, will stretches out his hand and closes his fingers upon a stone—a stone to throw into it . . . How dreadful it is that because of our wills we can never love anything without messing it about! We couldn't even love a tree, not a stone even; for sooner or later we should be pruning the tree or chipping a bit off the stone.⁹

Later, she found support for this emerging value of "loving acceptance" in some of the doctrines of Buddhism, which greatly restored her peace of mind. She was impressed by a saying of Padmasambhava:

To consider with perfect equanimity and detachment the conflicting opinions and the various manifestations of the activity of beings. To understand that such is the nature of things, the inevitable mode of action of each entity, and to remain always serene. To look at the world as a man standing on the highest mountain of the country looks at the valleys and the lesser summits spread out below him.¹⁰

Analyzing this story, it is apparent that Dorothy X.'s relationship with the young man was first dominated by the value of intellectual mastery—although there was also a creative element present because, for a time, he bloomed under her care so that his personality seemed to her like a work of art which she had produced. Her efforts and success in reaching the goal set by this value gave her exquisite satisfaction, quite apart from the physical fulfillment which came through their sexual relationship. When the environment began to "fight back"—i.e., when the young man attempted to strike out on his own—she held on tenaciously to the activity and to the presiding value which had responded so admirably to her need in the past. But what previously had been constructive was now inappropriate and destructive.

The young man's assertion that she was unable to accept him as she accepted her clients shocked her into a behavior-change. This had rather complex dynamics. One motivating force was the lack of satisfaction her

⁹ Sylvia T. Warner: *Mr. Fortune's Maggot*; New York, The Literary Guild, 1927, pp. 186, 187.

¹⁰ F.S.C. Northrup: *The Meeting of East and West*; New York, The Macmillan Company, 1952, p. 356.

attempts to dominate him were then bringing. Although a part of her increased its efforts to restore the status quo of the previous "dominating-dominated" relationship, another part was unconsciously seeking strength to abandon the relationship. But, to do this, the support of other values was needed, lest the abandonment be a terrifying jump into nothingness. The young man's remark indicated to her just which value might be effective as a substitute for what was to be given up.

This other value had previously occupied a rather circumscribed position in Dorothy's constellation of values, affecting chiefly her attitude toward her clients. With them, she was prepared to accept even distasteful elements in their personalities (not, of course, to accept with resignation, but with expectation of improvement). When the young man pointed out how constricted the area in which she exercised this kind of tolerance was, his accusation acted like a challenge, and the value responded by expanding so that before long it included not only her clients but the young man and even his Bohemian friends. This result was facilitated by the fact that the value was one of intrinsic worth, the exercise of which in expanded form could bring rich spiritual rewards and did, in effect, reverberate in Dorothy's subsequent literary and philosophical explorations.

Alternately, the change in Dorothy can be looked at not so much as a shift from one value to another, but as a modification of behavior so as to make the first value—"intellectually mastering the environment"—more effective. That is, in giving up the proximate goal of dominating the young man, she achieved an ultimate goal of dominating the environment by means of more judicious interpersonal behavior. Basically, there is no inherent antagonism between the acceptance-value and the environment-mastering value. In the realm of ultimate values harmonious integration is the rule. It is only proximate and neurotically selected goals of Value A, or the development of a defective or debased form of this value, which may be incompatible with the realization of Value B. Put in concrete terms in the case of Dorothy X.: the expansion of her acceptance-value to countenance a way of life for the young man and his friends which seemed completely at variance with the life Dorothy had been trying to structure for him did not, as she at first expected, mean a loss of control by her of this particular interpersonal environment. On the contrary, it eventually enabled her to reach new goals of her environment-mastering value, in that she was no longer shut out from the life of the young man and his friends, but became an influence in their circle.

Value-Change in Psychotherapy

The value-changes which occur in chance fashion, as in the above history, can be deliberately stimulated by psychotherapy. The patient who comes for treatment usually does so because he has found that his goals are unattainable, or, when reached, do not offer as much satisfaction as had been expected. Or, there has been a clash with others, indicating that the

patient's behavior has proved unacceptable in some way: the environment "fights back." Usually, in therapy, the first step is to review the unsatisfactory behavior and to help the patient understand the defective nature of the motivating values.

As was pointed out before, these defective values will not be abandoned unless something is put in their place. In the early stages of therapy, they may be opposed only by rather intellectual values of wanting to please the therapist and condemn what he condemns, and of wanting to overcome infantile and immature behavior—because such behavior, while immediately satisfying, brings ultimate frustration. These positive values may temporarily cause abandonment of the defective goals. But, to the extent that they are intellectual rather than affective, their pleasure-producing ability is likely to wane rapidly, and a satisfaction-vacuum develops. The patient is then like the house swept and garnished from which the unclean spirit is gone out—and in danger of "seven other spirits more wicked than the first" rushing in.

However, if the reappearance of the old defective values in new disguises can be staved off, a satisfaction-vacuum can also act as an incentive for the discovery of more positive values. It is essential that these values be not only of intrinsic worth, but also experienced by the patient in a fashion such that they become *affectively stamped-in*. The process is somewhat as follows. Among a patient's values is Value A. Basically, it is a healthy, constructive value, but plays an insignificant role in this individual's psyche. It is designed to render it operative through therapy. If the currently operative values are largely neurotic, Value A may have become disassociated and repressed into the unconscious. Or, it may be affectively weak and included in the patient's constellation of conscious values in a formal, intellectual fashion, with little sense of its being a very integral part of the patient's ego-ideal. It may be consciously experienced more as a value of others, to which lip-service only is rendered. The affective potentiation of Value A can proceed in therapy in various ways. Essentially, however, the process is one whereby this value is acted out in pleasurable, affectively significant experiences—either in actuality or in fantasy. Anything which arouses emotion in connection with this value will serve: an aesthetic association, a dream, an interpersonal relationship in daily life, a religious experience. The emotional experience of the therapeutic relationship is a more precise and better controlled instrument for stamping-in emergent values. But, as I have just said, affective experiences outside of therapy proper will also serve if their significance is seized upon by patient and therapist, and their connection with positive values is consciously elaborated.

Literary, philosophical, and religious writings are full of references to the importance of "actualizing" values through affective experience, and to the significant effect this has on transforming behavior patterns. John Keats wrote, "Nothing ever becomes real till it is experienced—even a

proverb is no proverb to you till your life has illustrated it"; and again, "An axiom is not an axiom to me till it has been proved on the pulses." Dewey said:

There are values, goods, actually realized upon a natural basis—the goods of human association, of art and knowledge. The idealizing imagination seizes upon the most precious things found in the climacteric moments of experience and projects them . . . into objects of thought, desire and effort.¹¹

William James described the value-change of conversion experiences, when "a positive intellectual content is associated with a faith state [and] . . . gets invincibly stamped upon belief."

Values "proved on the pulses" in this way are seen in a new light: no longer impersonal and detached, they are now experienced as an integral part of the self. The process of actualizing values is associated with the experience of insight, the characteristics of which have been noted by Eliot D. Hutchinson:

Energy, plenitude and exuberance; . . . the renewed sense of a purpose to be fulfilled, and of powers to accomplish it; the abolition of a narrow-ranged consciousness and the substitution of a more integrated personality; the surge of self-confidence . . . In this release of tension, this sudden reversal of the trends of past experience, we have one of the primary sources of emotional life, running in endless changes the gamut of all possible response. Artist and scientist, mystic and factualist tell of the same experience in different words. And in their disagreement lies a confirmation of the richness of the emotions involved.¹²

This is what J.G. Auerbach calls "*Erlebnis*"—"an emotional experience of shattering power." He gives several examples, including the case of a too-submissive woman whose tentative moves, while under therapy, toward self-assertion, were suddenly crystallized when she experienced a totally unexpected response from her husband to her value-change.

A last blow in this process occurred in an argument she had with her husband. She had lately become quite assertive. But when, in this argument, she impulsively declared that he had better shut up, that she knew much more than he about the discussed topic, she couldn't quite finish the sentence. She blushed and bit her tongue. She felt she had gone too far. She was prepared for a severe tongue-lashing on his side, ready to relapse into apology and tears. When to her amazement her husband responded by apologizing himself, something went on in her which made the value change final."¹³

In another case of Auerbach's, a woman underwent "*Erlebnis*" through the

¹¹ *Op. cit.*, p. 1022.

¹² "The Nature of Insight," in *A Study of Interpersonal Relations*, edited by Patrick Mullahy; New York, Hermitage Press, 1949, p. 434.

¹³ "Value Changes in Therapy," *Personality*, Symposium No. 1; New York, Grune & Stratton, 1950, p. 65.

medium of an aesthetic experience—first in therapy and then repeated in a dream—which symbolized the new values with overwhelming effect:

A female patient in her early thirties was almost paranoically obsessed by the ghosts of old age and a fear of spinsterhood . . . She felt that marriage would offer the only security. On one occasion when the subject had not been mentioned for quite a while, the patient reported a pleasant walk she had had with a girl friend at the seashore. In quite a casual way the analyst joined in and elaborated on the blessings of the afternoon sun, its mellow warmth and calm light, and on the beauty of the sunset . . . The next day she returned and told of having awakened in the night quite disturbed, without knowing why. She was simply aware that she had relived in her sleep the story of the afternoon sun. The analyst could observe, however, that a change had taken place. After the experience of this *Erlebnis*, the patient seemed to worry less and less about the problem of marriage, and took up again a long neglected creative "hobby." It was obvious that a change in values had occurred.¹⁴

This case illustrates the use of an aesthetic symbol—the afternoon sun—in the affective potentiation of values. The therapist imaginatively seized on the symbol as a way of helping the patient to accept the values of middle life: mellowness, peace, the warmth of friendship, etc. The symbols of the dream can also be used in this way, as Werner Wolff has emphasized in his book on dream "synthesis": "The dream is an attempt at a value system; the dreamer reevaluates his life situation."¹⁵ The symbol represents the connection between the value and the life-experience in which the value is being acted out. It can also be used to catalyze the reiteration of this acting-out process in real life and in fantasy.

In psychotherapy the reassessment of values is chiefly accomplished through the dynamic therapeutic relationship. Whitaker and Malone describe very precisely the process whereby the "positive growth potential" of healthy values is released.

The paramount factor in the efficacy of therapy is not the "working through" of the infantile transference. The relationship has other than historical determinants. Actually, the therapist also has other qualities which are perceived by the patient, in addition to those which the latter projects onto him. The transference projection constitutes only part of the relationship of patient to therapist. By virtue of these differences, an interpersonal relationship between therapist and patient exists which competes with the transference relationship. This involves the interaction between the noninfantile aspect of the patient (the part of the patient which brings him to therapy and which expresses his positive growth potential) and the non-projective or personal part of the therapist.¹⁶

A case in which therapy released new values will now be described. Paul

¹⁴ *Ibid.*, p. 66.

¹⁵ *The Dream, Mirror of Conscience*; New York, Grune and Stratton, 1952, p. 323.

¹⁶ Carl A. Whitaker and Thomas P. Malone: *The Roots of Psychotherapy*; New York, The Blakiston Company, 1953, p. 61.

C. was a 34-year-old male who suffered from depression and a deep sense of inferiority. His lack of self-esteem stemmed principally from the neglect which he suffered as a child from his mother. She often failed to feed him because, in his words, "there were so many children and I was such a runt"; and she paid little attention to keeping him and his clothes clean. Early in therapy, he took a room in the house of a woman of slovenly habits with whom he previously had had an affair. She was a mother-image from whom he sought in vain maternal care, and alternately treated to outbursts of the hostility which he had never dared express against his mother. Therapy was designed to revive in the patient a feeling of self-esteem, and this value gradually came to life for him as he experienced it in the attitude of the therapist. The realization that the therapist genuinely liked and believed in him had a deeply emotional impact because of the strong positive transference. The negative transference was less obvious, but was implied in the patient's frequently expressed assumption that he was not worthy to take up the therapist's time (just as in childhood he had not qualified for his mother's attention). This concept of the therapist as superior and contemptuous contended with the concept, also held by the patient, of the therapist as approachable and accepting. Another quotation from Whitaker and Malone reemphasizes their view of this process:

The therapist, at first, serves simply as a symbolic screen for a projective repetition of the earlier parental experiences. However, the therapist is also a real person and therefore more than, and different from, the sum of the patient's projections. The wholeness of him relates to the patient. Out of the therapist's maturity the patient constructs a more adequate and, finally, a truly satisfying internal parent. The patient certainly experiences the discrepancy between his projection and the maturity of the real person of the therapist and this may well constitute the most important disequilibrium dynamic.¹⁷

Thus the "wholeness" and "maturity" of the therapist are composed of a constellation of healthy values which are introjected, selectively, by the patient.

As this occurred in the case of Paul C., his new value, self-respect, grew stronger, the depression lifted, and he achieved minor successes in some of his activities. Then he reported a dream in which hostility against his mother was clearly expressed. This was the first time he had been able to show his hostile feelings toward her, and it was soon followed by his ending the degrading relationship with his "mother-image" landlady. Improvement after this was rapid and sustained, and he was able resolutely to go after and secure a job which made him independent of a brother who had been supporting him for years. Many new and healthier values made their appearance in this period. He found people around him more human and less frightening. He accepted some of his sexual impulses with less of the excessive shame reaction which previously had inhibited him. He found

¹⁷ *Ibid.*, p. 94.

that other apparently strong characters were in fact beset by the same fears as himself, and he recognized that common problems link human beings together. He began to see himself as capable of occupying the center of a social occasion, rather than always having to lurk apologetically at the periphery.

After improvement had set in, two characteristics of the content of the patient's thought were notable. First, the *quality* of his values had improved. Secondly, the gamut of his conscious values had *expanded*. Whereas, before, his goals and goal-seeking behavior were dominated by a few, largely unconscious, neurotic values, *after* therapy the pattern of dynamic values became much more conscious and complex.

The Effects of Making Healthy Values Conscious

The oversimplified, underdetermined behavior patterns of psychotics and neurotics have already been commented upon. Such people are defeated by the complexity of the normal environment, for which their primitive, archaic approach is unsuitable. The man with many healthy, conscious values is furnished with precision instruments—in contrast to the picks and sledge-hammers of his maladjusted fellows—to explore and manipulate the nuances of his interpersonal relationships.

One might describe neurotics as people for whom life is *insufficiently* complicated; they oversimplify it by seeing new events within the stereotype of old ones; they find nothing new under the sun. The ideal of a mentally healthy person would then be someone able to differentiate his experience in every field; to see other people, for example, in terms of subtle changes in them so that they are never the *same* people. Such a person would make only minimal use of the categories and conventions which culture provides in order often to simplify life to the point of bareness.¹⁸

A mere multiplicity of conscious values, however, is not to be equated with mental health. History has given us portraits of complex, sinister personalities like Richelieu, Catherine de' Medici, Cesare Borgia, Napoleon, and Stalin, and the annals of crime tell of others less famous but equally "successful," who, thanks to the abnormal societies or circumstances in which they operated and which, at least for a time, supported their endeavors, cold-bloodedly and with considerable self-awareness attained the goals of their destructive values. The quality of values is as important as their quantity and, in opposition to the cultural relativists, I have suggested that, for human beings, there are certain ultimate and universal values whose goals provide satisfaction in all but the most pathological environments. To reach the goals of such values does render our lives richer and happier, and behavior which is this successful is "stamped-in" (by Thorndike's "Law of Effect") and becomes positively conditioned. But just as quantity of values without

¹⁸ David Riesman, "The Themes of Heroism and Weakness in the Structure of Freud's Thought," *Psychiatry* (1950) 13: p. 304.

quality can lead to a perverted result, so quality without quantity can be dangerous. The good soul who holds rigidly to too few values, however estimable, may sink bewildered beneath the chameleon complexity of life. For "Time makes ancient good uncouth."

It remains to sketch briefly the mode of operation of healthy values, once they have been made conscious. Their being made conscious is, in fact, a *sine qua non*. At the unconscious level values seem to operate as if more or less independent of one another. Each calls forth behavior which attempts to satisfy itself without regard to the requirements of other values. The following quotation from Freud is apt here, if the word "value" be substituted for "wish": "The unconscious wish cannot be influenced, is free from all strivings in the contrary direction, while the conscious is inhibited by those wishes which are also conscious and which strive against it."¹⁹ This statement of Freud has already been referred to in regard to the danger of making destructive values conscious before healthy values are conscious and able to counteract them. But if many positive values have already been brought to consciousness, the situation is quite different. Sick values can then be compared with healthy ones and the satisfaction anticipated from the former can be weighed in thought against that anticipated from the latter. Since, as we have seen, the healthy values have rooted themselves as a result of pleasurable, affective experiences, perhaps of compelling power, the neurotic values are no longer likely to prevail.

It is not only neurotic values which are submitted to this testing process. Past behavior is now seen differently in the light of new values. Most important, future behavior can now be evaluated, in Rank's phrase, on the "plane of illusion," and no longer needs to be impulsively rushed into under the domination of unconscious values responsive only to the immediate stimulus of the pleasure-principle.

The intellectual process may be pictured in this way: the projected behavior (or interpersonal relationship) is measured against the new values, and some kind of mental construct is formed of its congruence or incongruence with these values. Thus, we may find that certain behavior, while showing a high degree of congruence with an old, neurotic value, "accepting homage in lieu of love," shows a low degree of congruence with the healthy, new values: "helping others," "identifying with others," and "normal sexual expression and marriage." As a result of this evaluation, the behavior is not felt to be a satisfactory expression of the totality of now dominant values, and will be modified accordingly so that the subject may move forward in the direction of more appropriate goals. While the above is schematic and sounds rather mechanistic, it probably describes the essence of the process.

Thus to evaluate behavior is a creative act. It is an improvement over the patient's previous self-defeating immersion in relationships which re-

¹⁹ *Op. cit.*, p. 68.

peated in stereotyped fashion the interpersonal patterns of the past. Instead of accepting these patterns as facts of nature, fixed and unchangeable, the patient finds that they are capable of modification. This new attitude can be described in the same words Dewey used in referring to the modern scientific approach, which he felt

marks a revolution in the whole spirit of life, in the entire attitude taken toward whatever is found in existence. When the things which exist around us, which we touch, see, hear and taste are regarded as interrogations for which an answer must be sought (and must be sought by means of deliberate introduction of changes till they are reshaped into something different), nature as it already exists ceases to be something which must be accepted and submitted to, endured or enjoyed, just as it is. It is now something to be modified, to be intentionally controlled. It is material to act upon so as to transform it into new objects which better answer our needs. Nature as it exists at any particular time is a challenge, rather than a completion; it provides possible starting points and opportunities rather than final ends.²⁰

The testing of behavior, goals, and values occurs continually in ordinary life, and the kind of evaluation we have been describing is not merely confined to psychotherapy or its aftermath. Mature individuals use it habitually in their thinking and in action.

The sense of new values that become ends to be realized arises first in dim and uncertain form. As the values are dwelt upon and carried forward in action they grow in definiteness and coherence. Interaction between aim and existent conditions improves and tests the ideal; and conditions are at the same time modified.²¹

When men respond to the inspiration of literature and religion it means that their blundering existence is being lifted to a higher and richer form of expression through the transforming effect of new values. But psychotherapy endeavors to accomplish the transformation systematically and consciously, through a method which uses both the hypothetico-deductive analysis of empirical science and the aesthetic-intuitive approach of literature and religion. To the therapist and his patient, behavior becomes a hypothesis to be tested against values which have themselves been tested by heart and mind. If found wanting, it can be modified and enriched until it is capable of achieving the desired goals.

²⁰ *Op. cit.*, p. 327.

²¹ John Dewey, *op. cit.*, p. 1024.

GROUP DYNAMICS AND THE CHURCH

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Under the sponsorship of the National Education Association the "Group Dynamics Movement" is penetrating the educational scene of America on all levels. The business world has discovered it, as have civic and community leaders and the Armed Forces. The history of the movement can be briefly summarized. Under the inspiration of Kurt Lewin, a social scientist of note who came to this country from Germany during the Hitler era, an Institute in Group Dynamics was founded in the 1940's at the Massachusetts Institute of Technology. It has since moved to the University of Michigan, and its staff is serving as consultants in the solution of community problems all over the land. To implement genuine research in this new science—the study of group life—the Institute, with auxiliary sponsors, established six years ago a Laboratory in Group Dynamics at Bethel, Maine, where, during the summer months, those interested in the movement have subjected themselves to research disciplines.

What follows is a brief evaluation of the Group Dynamics Movement by one of the participants in the Bethel (Maine) Laboratory. During the summer of 1949, I was a lone clergyman among one hundred and fifty representatives of secular callings; in succeeding summers the number of clergy attending the Laboratory has rapidly multiplied.

I

A brief description of what happened to us at the Bethel Laboratory may be helpful. The conference was, first of all, divided into small groups, averaging eighteen in number. Trainers were assigned to each group, but their role was largely one of silence, broken only by occasional warnings and general service as consultants. The group was on its own. Seated around an oval table for hours each day for three weeks, the group was given no agenda except the single directive: "Become a group!"

This "becoming" began with chaos. We were on an open sea with no port on the horizon. Egotistic speech-making alternated with equally egotistic withdrawal. Tempers rose. A Napoleon or two attempted to

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take over. But all this floundering resulted in the gradual emergence of a corporate "body," with an *esprit de corps*, competent to tame its Napoleons, heal inferiority feelings, give status and vocation to the least gifted, and win every member to a surrender, partially at least, of his egocentricity to an overarching mystical corporateness. Few of those attending would refuse to describe the experience as a minor, undreamt of, miracle.

Alongside this more intimate discipline, the conference introduced us, in classroom sessions, to many new educational and leadership techniques, all pointing toward the stimulation, in our democratic community life, of participation and personal involvement. Detailed description of all of these techniques would lead this essay too far afield, so I limit myself to the one which a Group Dynamics enthusiast is most likely to use frequently and which is proving extraordinarily useful. I have employed it myself, since my Laboratory experience, hundreds of times. I can testify that it fits neatly into Church life.

The device is called the "buzz group," or the "huddle group." A hundred people, let us say are met for a lecture or a discussion. Before the lecture, or at its close, when this seems more appropriate, the presiding officer divides the hundred present into small groups of not more than five or six. (This can be done even in a classroom or a church with anchored chairs or pews by asking three people in one row to face about so as to "huddle" with three in the row behind.) A question is proposed by the lecturer or chairman, and ten minutes is allotted for discussion. After the "buzz" period, each small group, or a selected number, reports to the chairman. Genuinely aroused interest is an almost inevitable result.

II

"The children of this world are in their generation wiser than the children of light." This verse of the New Testament must occur to many of those who, like myself, have enjoyed the privilege of intimate contact with the Group Dynamics Movement. Here are social scientists devoting themselves to the cause of a better community life in our secular democracy and to better educational methods in our schools who are disclosing to the leadership of the Churches opportunities and insights which the Church has always had in her possession, but which have often lain fallow and unused.

It should be said at the outset, of course, that, secular though this movement may be, it is not—or not yet—precisely a rival of religion. It may merely, on its own level of insight, be doing a better job and may be pointing the way to neglected opportunities in Christian community life. It was, nevertheless, for me a humiliating experience during my own stay at the Group Development Laboratory to hear repeated many times, "This is the greatest religious experience of my life." Clearly these new disciples of Group Dynamics had failed to find in their Church contacts the satisfactions which the Church, when true to her nature, should have offered them

in abundance and which can meet human needs far more basic than any for which even the best secular movements can provide a cure.

Group Dynamics has as its aim the study of group experiences. We are living in an age when the necessity of community, of the group, of a life of fellowship and of belonging, is being rediscovered as a fundamental need of men and women. We are tired of being individualists—in our secular activities, first of all, but also in religion. We are opening our eyes to the fact that a person is something more than an isolated individual, or, by way of paradox, merely a human atom, lost in a collective. And if it should be true that the contemporary Church has also fostered fellowship-starved individualism or merely membership in an impersonal collective, though this devote itself to pious exercises, the problem of reviving community ought to be for the Church a major concern.

One result emerging from this contemporary interest in life in community is, as already suggested, a rediscovery of what it means to be a person. It has been tempting in the recent past to equate person and individual, and to think of community as a by-product of personal life. Person first, community second; individual Christian first, the Church a voluntary association of converted individuals. The order may need reversal. We are not, as individual members of the human species, automatically persons. We become persons *in* community.

No personal being [says Paul Tillich] exists without communal being. The person as the fully developed, individual self is impossible without other developed selves. If he did not meet the resistance of other selves, every self would try to make himself absolute. But the resistance of the other selves is unconditional. One individual can conquer the entire world of objects, but he cannot conquer another person without destroying him as a person. The individual discovers himself through this resistance. If he does not want to destroy the other person, he must enter into communion with him. In the resistance of the other person, the person is born. Therefore, *there is no person without an encounter with other persons*. Persons can grow only in the communion of personal encounter.¹

III

The Group Dynamics movement, we have said, is devoted to a study of group experience. But the word "group" is ambiguous. It can describe anything from a mob to what the New Testament has in mind when it speaks of "two or three gathered together" in a fellowship of common loyalty to a transcendent deity. The concept of "group," as the Group Dynamics Movement conceives it, lies somewhere between these extremes. A criticism could be leveled at the movement for vagueness of concept and for the possibly naive assumption that in the group experiences normal in our American democracy fundamental loyalties to ethical ends can still

¹ Paul Tillich: *Systematic Theology*, Chicago, The University of Chicago Press, 1951. Vol. 1, pages 176-7. Italics mine.

be sufficiently taken for granted so that basic questions as to whether a group serves God or devil need not be raised. But before entering upon critical appraisal of the movement, a prior question may have occurred to the reader—a question tentatively touched on in an earlier paragraph but not there given due weight. “Why should the Church turn to a secular movement for help in understanding herself as life in community? Should not the direction of search be reversed—secular leadership turning to the Church as model and guide? Is not the Church, by one of its basic definitions, a fellowship—the Fellowship of the Holy Spirit, no less? And has not the Church practised life in fellowship for two thousand years so that she, not secular scientists, can claim expert knowledge?”

In principle, this is no doubt true. Western secularism still lives on its Christian capital. The average group experience of Americans, to name no others, can still take respect of person and a minimum at least of fraternal concern for neighbor for granted. The Church has been the seed-plot of our community spirit and of our democratic communal traditions. But the rise in recent generations of purely secular fellowships, no longer conscious of their debt to the Church, and yet apparently satisfying needs which the Churches do not meet, may indicate that the Church has surrendered some at least of her rights and lost some at least of her powers. Secular fellowships have become rival “churches.” They may be used of God to call the Church into judgment.

This is not the place for an extended indictment of the contemporary Church. Yet anyone in the least familiar with the current literature of self-examination on our religious book shelves can testify that on few issues is the conscience of the Churches more stirred today than on that of its loss of the note of fellowship, of a common life in the Body of Christ, of social witness, and social unity. Individualist pietism has seemingly replaced brotherliness in both Roman Catholic and Protestant Church life, and voices of prophecy are being heard in both traditions, calling us to repentance.

The liturgical movements active throughout Christendom all have as one of their aims the revival of lay participation in worship and the breaking down of walls between isolated ministry and isolated people. But the revolt against our atomized community life in the Churches goes even deeper. We turn to the picture of the Church fellowship of New Testament times and confess that somehow our institutionalized Churches (again both Roman Catholic and Protestant) offer little that resembles such group experience and lay participation. “When ye come together,” so St. Paul describes one of these New Testament meetings of Christians, “everyone of you hath a psalm, hath a doctrine, hath a tongue, hath a revelation, hath an interpretation. . . . Covet to prophesy, and forbid not to speak with tongues” (I Cor. 14: 26, 39). When have we seen anything like this? Every one a psalm or doctrine? “Everyone” has nothing of the sort. We may, everyone, bring into the church service an individual rosary (if we

are Roman Catholics), or an individual prayer book or book of devotion and fill silences with private religious exercises. But otherwise we do not participate except in hymn singing and occasional chorus prayer or confession. The "offering" is, or can be, a notable exception, as there are exceptions in the more primitivistic Church life of some Pentecostal sects. Yet our minimal participations go but a little way toward such full sharing in fellowship activity as the apostle describes.

When it comes to social witness as a unified people of God to secular life outside our formal worship services, we are in even worse plight. In urban environment, we hardly know one another except as anonymous sharers in a formalized worship act. The very word "parish" (*par-oikia*—a neighborhood) frequently has little meaning. Our next-door neighbor worships in the Methodist Church a mile north, while we attend the Episcopal Church two miles south. We meet our neighbors on the level of gossip, or of talk on the weather, or of quarrelling about property rights, but we do not bring these concerns of neighborliness into a common meeting with God where we can submit them to the joy of repentance and forgiveness. Even as members of a single denomination we frequently choose our place of worship not on a basis of geographical parish boundaries, but because of individualist liturgical preference or because "we like the Reverend Mr. Blank." Ours are coterie churches. At times they could even be called religious "clubs." Proof of the latter indictment could consist in the fact that we are often tempted to place social requirements for church membership above repentance and baptism.

The picture of the contemporary Church need not be all black, of course. Many tokens of revival of communal Christian living can be cited to balance a critical view. My objective at the moment is merely to plead for willingness on the part of Church leaders to submit to lessons we can learn from our secular friends. If group experience of some kind is an essential note of life in the Church, all insight into the nature of that experience, from whatever source, ought to be welcomed. Pastoral counseling with individuals is profiting greatly from the wisdom brought into the Church by psychiatric science and depth psychology. We do not need to become Freudians to learn something from Sigmund Freud. The Group Dynamics Movement, to cite just one example in that field of research, can give experimental proof of the literally enormous effect upon personal maturing of such experiences, only to be found in life in community, as participation, acceptance, endurance of rejection, respect for minority opinion, submission to corporate discipline, and to objective evaluation of our individual character traits, discovery of hitherto unused and even unsuspected socially useful talents, and many more. Transfer the scene from secular or religiously neutral group life to that of "Church," and parallels leap to the eye.

When St. Paul—to refer again to his Corinthian letter and its vivid description of an early Christian parish meeting—lays down rules of pro-

cedure, he is writing a manual in Group Dynamics. For example: "Let the prophets speak two or three, and let the other judge. If any thing be revealed to another that sitteth by, let the first hold his peace" (1 Cor. 14: 29, 30). A church meeting in Corinth evidently wrestled with a problem which has confronted every assembly in which free speech is permitted from that day to this: What does a chairman do with the "regular speakers" who monopolize the discussion? The fourth chapter of St. Paul's Ephesian letter, in turn, gives a priceless picture of Christian community living on a level of brotherliness and mutual sharing which could make a secular social scientist gasp. "Let all bitterness, and wrath, and anger, and clamour, and evil speaking, be put away from you, with all malice: And be ye kind one to another, tenderhearted, forgiving one another, even as God for Christ's sake hath forgiven you" (Eph. 4: 31, 32).

The Church, it should be made clear at once, lays claim to powers, latent if not always used, for creating a communal life of charity which are not found outside her borders. The Church defines herself as Body of Christ and Fellowship of the Holy Spirit. God, as third Person of the Trinity, makes his abode in the Church. Under a strict interpretation of Christian doctrine, therefore, comparison between corporate life in the Church and in any secular grouping or fellowship is not warranted. Our social scientists, at least when they are scientists and not at the same time theologians, do not write monographs on the doctrine of the Holy Ghost. Nor do they refer man offhand to divine grace for a solution of his interpersonal problems. They may speak of acceptance, but not of forgiveness; of unsocial behavior, but not of sin against God.

Yet granted that the utter uniqueness of "Church" as over against any comparable social phenomenon must be steadily kept in mind, analogies between the Church and group life outside the Church can prove helpful. Analogy has an honorable place in the history of theology. Jesus employed the method of parables boldly. "The kingdom of heaven is like" . . . and then follow pictorially vivid scenes of ordinary Palestinian culture, at times ethically shocking.

IV

Few words have received heavier underscoring in scientific study of group experience than the word "participation." The value of participation in any social endeavor may seem obvious. Yet its importance, in promoting personal maturing, needs to be experienced in laboratory testing to be fully appreciated. It is literally amazing in how few decisions that are asked of us in our lives we are participants in the authority which does the asking. Parents, teachers, the office "boss," the factory system, even the Church with its ministry—all exercise authority over us. We are free to obey or rebel, no doubt, but how seldom are we participants in formulating the content, or the *what*, of the decision to which we are to give consent or refusal. Our value as servants of a cause or institution may receive exaltation. We may, in the commercial community, be paid high wages (even

slaves at times brought a high price in the slave market). But we are often mere impersonal pawns on an authoritarian chessboard. Real life, however, should be personal, not impersonal, encounter. Hence when authoritarianism is surrendered and participation in formulating the decisions to which we are to give consent is invited, a kind of miracle happens. The "person" is born. Our opinion counts, as well as our vote or our loyalty. I-Thou relationships become possible, replacing "Authority-It" encounter. Status and human dignity are gifts of participation.

Are there dangers in authoritarian surrender? Yes, of course. Participation soon runs into the necessity of limits and boundaries to freedom. Social chaos is a possibility. All human life is under authority—the authority of natural and revealed law, as also of the wisdom of science and of tradition. Authoritarianism needs to be distinguished from it. In the Church, obviously, no democracy, even of saints, can replace the authority of God, or of the Ten Commandments, or of the Gospel. But there are, even in a community of Christians, large areas in which we are left free. Surely a Woman's Guild in a parish might be given the privilege of participation in the life of God's people beyond deciding whether ham or chicken is to be on the menu of the next parish supper!

Laboratory testing of group experience which boldly tries permissive freedom can prove that dangers are easily exaggerated. A group conscientiously permissive—granted it be under an ultimate law of limits to freedom—may discover that what are known as "Quaker" or unanimous decisions are a normal result. It is easy, for example, for the majority in a group to discover a triumph for its opinion by a rapidly secured majority vote. To permit minority opinion full voice, involving at times long painful listening to folly or even hostility, looks like a waste of time. It may even endanger the prevailing of the right. But let a group try permissive methods and it may receive a surprise.

Men and women hunger for status and acknowledgment of their worth as individuals more than for victory of an opinion. They may champion a wrong or partial view precisely for the sake of receiving notice as persons in place of being mere voting fodder in a collective. If they discover that they *are* given dignity as persons, are listened to, are accorded the privileges of belonging, despite their hostility, gratitude for this grace may soon replace the hostility and the stubborn prejudice. Listening to reason—the matured reason of the majority, let us assume—is no longer an indignity.

Participation, as a matter of fact, is only one of many concepts whose significance careful observation of group experience can underscore. Related to it, and in part corollaries or parallels, are those of "acceptance" and "rejection." We do not, of course, need a gospel of Group Dynamics to inform us of their importance. One is tempted, in fact, in religious discourse, to substitute for them at once the more hallowed concepts of forgiveness and judgment, of grace and law, of mercy and wrath. Yet here again, scientific study of group behavior, granted that it takes place without

immediate reference to Biblical categories, can bring rich insights. Our Biblical vocabulary has become shopworn. It may receive new meaning by way of analogies taken from secular experience. Acceptance means life; rejection means death.

V

One overarching conclusion which a laboratory group experience implants deeply in the consciousness of an observer deserves some discussion. This is the realization, often striking the observer with surprise, of the enormous *power* latent in a group, provided it has achieved maturity and unity of purpose. The word "dynamics" which is joined with the word "group" in the name given to the movement which sponsors this new scientific research project, is not out of place, for dynamics means power.

The total community of nation or tribe has powers over its members of life or death. Every fractional community shares in these powers. Acceptance or rejection, as already pointed out, can be equated with life or death in the realm of personal relationships. Every group in which acceptance touches depth of personality has powers of healing personality neuroses. The timid can be given courage. The shy and tongue-tied can receive the gift of speech (one thinks of the "gift of tongues" widespread in the Church of the New Testament). Buried talents can be brought out into the open and made socially useful. Even confessed ignorance can induce the learned members of a group to develop pedagogic sharing of their educational privileges.

This group dynamism, it must be pointed out, is not a monopoly of "good" groups. Community life under the domination of evil or neutral spirits possesses this power also. The Nazi youth movement had it, as do the Communist cells flourishing around the world today. A labor union "local," in which participation in decision-making thrives, transforms a factory "hand" into a person. It consequently wins a loyalty denied to an impersonal industrial corporation, even if the latter should offer as bribes to loyalty benefits far exceeding those which the labor union can provide.

If our attention now turns to the Church, we are aware that it clearly faces rivals in its appeal for the souls of men. It has no monopoly of "spiritual" power. Every group solidarity has at work within it an *esprit de corps*, an empowering corporate spirit. It is this which molds the members into the pattern set by the community. It is this which imparts strength to the individual for corporately assigned tasks, heals hurts, comforts (strengthens) the weak-hearted. Group dynamism can serve good or evil causes. Rival dynamisms confront each other. Insight into the miracle-working powers of group solidarity can give meaning to the New Testament description of the Church's struggle against the demonic forces arrayed against it in the ancient world—among them "the *spirit* that now worketh in the children of disobedience" (Eph. 2: 2). Our battle, says this same Epistle, is "not against flesh and blood, but against principalities, against

powers, against the rulers of the darkness of this world, against spiritual wickedness in high places" (Eph. 6: 12).

Into the complexity of New Testament cosmology and its accompanying picture of angelic powers we cannot enter here, though it may be said in passing that the study of group dynamics may throw much light upon this puzzling area of New Testament doctrine. Sufficient for our purpose may be allusion to the fact that Church and Holy Spirit are also twin phenomena in the story of the Pentecostal event and its sequels. The Holy Spirit, whatever be his working in nature or the secular world, is the peculiar source of power imparted to the Christian community. The individual Christian receives the gifts of this empowering Spirit at baptism, when he is incorporated into the fellowship which is Christ's "body," and of which the Spirit is, at it were, the soul. The Spirit is power. St. Paul speaks of "the exceeding greatness of his power [*dynamics*, in the Greek] to us-ward who believe, according to the working of his mighty power" (Eph. 1: 19). If consequently in the communal life of the Pentecostal fellowship, we look for analogies to the powers latent in group solidarities outside the Church, or alongside the Church, or appearing as demonic rivals of the Church, we are clearly not disappointed. Here these powers are in the service of the Church's Lord, not of "the Prince of this world" (John 14: 30) or of a mere human idealism. Furthermore, here these powers can perform the true miracles of healing, of forgiveness (acceptance), of giving strength to the weak, of "charity which seeketh not its own," for which the heart of man, in his loneliness, hungers and thirsts. No secular group power, even when it lives on derivative Christian grace and is, as in our western democratic order, not yet under the rule of the demonic, can touch more than a fringe of human need. It breaks under the strain. This limit of its power the Group Dynamics Movement has still to learn. When this movement turns into a cult assuming the role of savior of our deeply seated social ills, it must, by Christians, be placed under judgment.

But the Church in her turn can heed a voice of judgment. Pietistic individualism, on either Catholic or Protestant soil, did not reveal its weakness in days when the average Christian was still surrounded by a settled community life in village or small town, nourished by the charity of the Gospel. The powers of the Holy Spirit performed their healing and strengthening tasks in the Christian family (often large) and in the closely knit Christian community throughout the week, and were not dependent for finding avenues of expression solely upon a formalized worship on Sunday. The latter could be safely formalized and did not need to revert to the primitive fellowship meeting of the Church of New Testament times.

Our problem today is the reverse of that confronting our forefathers. For us the problem consists in recreating, within and alongside the Church's institutional activities, the Christian community which formerly could be taken for granted and which once was the soil in which Christian charity and Christian neighborliness could bring to men and women the gift of "the

glorious liberty of the children of God," (Rom. 8: 21)—one in which there appears the "forbearing one another in love" (Eph. 4: 2), and in which we "make love our aim and earnestly desire the spiritual gifts, especially that we may prophesy" (I Cor. 14: 1, paraphrased).

MOTIVATIONAL FACTORS AND PSYCHOTHERAPEUTIC ASPECTS OF A HEALING CULT

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Religion and health are closely related. The modern pastoral psychology movement assumes this thesis. As the modern clergyman performs his religious work along side the physician or psychiatrist it is possible for him to appreciate to the fullest this assumption. However, it has not been too long ago that the religion-health relationship was little appreciated within the major religious denominations. At that time about the only emphasis upon healing was made by the small healing cults. Today's clergymen and doctors are apt to pay cautious tribute to these early cults, pointing out their contributions to the religion-health problem, especially the fact that they served a real function by indicating psychosomatic implications—implications which had been lost sight of by both medicine and organized religion.

This historic observation is likely to leave one with the impression that the small, religious healing cult is of little consequence today. But this is not entirely true. For the fact is that thousands of ill people each year are still led to one or more of these healing cults. It is the purpose of this brief article to describe the motivational factors and psychotherapeutic aspects of the most popular of these religious bodies, and to indicate sundry implications relative to the modern pastoral psychology movement.

The data upon which this study is based are somewhat unique, consisting of letters of testimony written by enthusiastic members of an egocentric or healing cult. That the personal document has a very real place in psychological science, provided its nature and limitations are recognized, has been amply illustrated by Allport and others.¹ The 529 letters used as a basis for this study, for instance, are *testimonial* in nature. The correspondents are members of the Church of Christ (Scientist), and their biases are explicit in the very nature of the documents being studied. This axiomatic fact must be appreciated and valued in interpreting the various data revealed in these documents.

Though it is not the purpose of this brief article either to describe or to argue the theological and metaphysical implications of the sect under

¹ Gordon W. Allport: *The Use of Personal Documents in Psychological Science*; New York, Social Science Research Council, 1942.

scrutiny, the serious student of any religious sect must be somewhat familiar with his datum, its nature, and, in most cases, its history. The following references are, therefore, of significant interest: The doctrinal aspects of Christian Science are presented by its founder, Mary Baker Eddy, in her book, *Science and Health, with Key to the Scriptures*.² An excellent philosophical study of the sect may be found in Henry W. Steiger's *Christian Science and Philosophy*.³ And for a very brief description of this religion, Clark's *The Small Sects in America* is a fine source.⁴ For a digested historic, doctrinal, and critical evaluation of Christian Science, Mayer's recent work is significant.⁵

In a sense this study is an offshoot of R. W. England's article which appeared in the March 1954 issue of *The American Journal of Sociology*. His research dealt with an analysis of 500 Christian Science letters of testimony.⁶ Though the variables formulated by England have been maintained to some degree in this study, others have been added. More attention has also been given to the psychotherapeutic implications in the present study, especially in relationship to psychiatry and to pastoral psychology.

The Data

The *Christian Science Journal*, an official publication of the Christian Science Publishing Society, each month carries a department in which appear letters of testimony written by members of the Church of Christ (Scientist). The editors carry the following notation relative to these letters:

The statements with regard to healing made in the following testimonies have been carefully verified. The original testimonies and their respective verification are on file for reference in the Publishing House.

Each letter is signed by the communicant, with proper title indicating sex, and, in the case of female writers, marital status. Also given are the city and state (or country) in which the communicant lived at the time of writing.

The sample of letters used in the present study consist of 529 letters obtained from Volumes 60, 61, 62, and 63 of the *Journal* for the years 1941, 1942, 1943, and 1944. Of the 529 letters read, 443 (84 per cent) were from women; 86 (16 per cent) were from men. Of the 443 females, 362

² Mary Baker Eddy: *Science and Health with Key to the Scriptures*; Boston, Christian Science Publishing Society. (Many Editions).

³ Henry W. Steiger: *Christian Science and Philosophy*; New York, Philosophical Library, 1948.

⁴ Elmer T. Clark: *The Small Sects in America*; New York, Abingdon-Cokesbury Press, 1949.

⁵ F. E. Mayer: *The Religious Bodies of America*; Missouri, Concordia Publishing House, 1954.

⁶ R. W. England, "Some Aspects of Christian Science as Reflected in Letters of Testimony," *The American Journal of Sociology*, Vol. LIX, 1954, pp. 448-453.

(82 per cent) were married or had been married. A large majority (92 per cent) of both male and female communicants were from urban areas.

Motivational Factors Leading to Sect Membership

The letters were read twice, the initial reading leading to a three-fold classification as indicated in Table 1. In a very real sense the communicants actually did the classifying. Wherever the letter writer explicitly stated that he turned to Christian Science for reasons of health, he was placed in Category A. If the communicant stated or inferred that he turned to Christian Science for reasons other than health, he was assigned to Category B. Category C is by no means a "miscellaneous" classification; rather, it consists of those persons who made no direct mention of why they turned to Christian Science. Included in this group are a great number of persons who had been identified with Christian Science since childhood.

TABLE 1
MOTIVATIONAL FACTORS LEADING TO CHRISTIAN SCIENCE
MEMBERSHIP—BY SEX AND TYPE OF MOTIVE

MOTIVE	MALES	FEMALES	TOTAL
A. Health*	34 (6.43%)	224 (42.34%)	258 (48.77%)
B. Other	24 (4.54%)	93 (17.58%)	117 (22.12%)
C. Unknown	28 (5.29%)	126 (23.82%)	154 (29.11%)
Total	86 (16.26%)	443 (83.74%)	529 (100.00%)

* Health here refers to functional diseases and bodily injuries as well as to organic diseases.

Even a cursory study of Table 1 shows the degree to which health plays a dominating role in motivating people to this healing cult. This is especially true in the case of females. Male membership, on the other hand, is quite uniform in regard to motivational factors, with almost as many males turning to Christian Science for reasons of B, i.e., "Other," than for reasons of health.

Table 2 gives a detailed breakdown of the motivational factors included under Category B. The variables here investigated are as follows: (a) those concerned with financial difficulties; (b) those concerned with "negative" character traits; (c) those involving vague unhappiness due to family troubles, bereavement, worries, etc.; (d) those concerned with theological and/or intellectual problems. These variables, with the exception of "d,"⁷ are the same as those used by England.⁸

⁷ Category d, entitled "Theological and/or Intellectual" seemed a necessary addition in light of frequent statements like the following: "For several years I had searched for a practical religion. Membership in an orthodox Protestant church had long ceased to meet my ever-expanding spiritual needs . . . I read and studied books on various systems of religion and ethics . . . As a last resort I went to a practitioner of Christian Science . . ." Vol. 61, p. 147.

⁸ England, *op. cit.*, p. 450.

It is interesting to note that not one female turned to Christian Science for reasons of what Mary Baker Eddy considered "negative character traits," such as using alcohol, tobacco, tea, coffee, etc. It is also interesting to observe that cessation of the drinking or smoking habit constitutes a healing in Christian Science thought. In the same way a victory over be-reavement is considered a curative accomplishment.

TABLE 2
MOTIVATIONAL FACTORS OTHER THAN HEALTH WHICH LED TO
CHRISTIAN SCIENCE MEMBERSHIP—BY SEX AND TYPE OF MOTIVE

MOTIVE	MALES	FEMALES	TOTAL
a. Financial difficulties	6 (5.13%)	9 (7.69%)	15 (12.82%)
b. Negative character traits	4 (3.42%)	0 (0.00%)	4 (3.42%)
c. Unhappiness	6 (5.13%)	38 (32.48%)	44 (37.61%)
d. Theological and/or intellectual	8 (6.83%)	46 (39.32%)	54 (46.15%)
Total	24 (20.51%)	93 (79.49%)	117 (100.00%)

As may be seen in Table 1, health problems are the dominating factor leading to identification with this healing cult. The ofttime extravagant and highly enthusiastic claims displayed by some members have drawn critical comment from both doctors and clergymen alike.⁹ The following excerpts, for instance, are not unusual in their exorbitance:

During the past twenty-seven years I have been the witness of many a Christian Science healing within the immediate membership of our family. Cases of angina pectoris, burst appendix, eczema, mucous colitis, hemorrhoids, ivy poisoning, measles, cold, varicose veins, sick headaches, tonsillitis, influenza, drinking habit, deafness, bad temper, family inharmonies and lack . . . ¹⁰

Another writes:

I can bear witness to the healing through radical reliance on God, of infantile paralysis, shaking palsy, gangrene, tuberculosis, apoplexy, small-pox, bronchial asthma, heart disease, tumors, ulcers, goiter, gastritis, gallstones, pernicious anemia, stone in the kidney, pneumonia, and other ills. . . . ¹¹

Though numerous reasons have been offered to explain many of the extravagant claims set forth by this religious sect, perhaps the one which has most frequently appeared is the hypothesis of incorrect diagnosis. The victim, it is asserted, is not a competent diagnostician, and therefore when "cures" are announced they very often refer to diseases which never really existed in the patient. England, in following Humiston's investigation,¹²

⁹ Cf. Leslie D. Weatherhead: *Psychology, Religion and Healing*; New York, Abingdon-Cokesbury Press, 1951.

¹⁰ Vol. 62, p. 184.

¹¹ Vol. 61, p. 121.

¹² W. Riley, F. W. Peabody, and C. E. Humiston: *The Faith, the Falsity and the Failure of Christian Science*; New York, Fleming H. Revel Co., 1925.

makes the following observation: ". . . it seems likely that most of the more dramatic cures are due simply to mistaken diagnosis."¹³

Internal evidence of the 529 letters certainly leads this writer to agree with England's and Humiston's hypothesis. In a great number of cases maladies described by communicants seemed so serious and complex in nature that it is hardly likely that correct diagnosis by a layman would have been possible. Nevertheless a great deal of caution is necessary when one proposes this hypothesis, for it would be exceedingly easy to conclude that mistaken diagnosis on the part of the Christian Scientist is *the* causative factor necessary in explaining cures. But the evidence contained in the letters of testimony here being studied clearly contradicts such a monosymptomatic explanation. For of the 258 persons who turned to Christian Science for reasons of health, 136 (52.71 per cent) were first diagnosed by a physician or by physicians. And of these 136 persons diagnosed by physicians, 43 (31.62 per cent) were pronounced either incurable or were told that nothing more could be done for them by *materia medica*.

These figures do not, of course, eradicate the hypothesis of mistaken diagnosis, but they do shift somewhat the responsibility of false diagnosis from that of the incompetent layman to that of the trained physician. These figures point also in quite another direction, namely, the psychosomatic nature of much of the illness reported by the sect's members.

Psychotherapeutic Aspects of Christian Science

One of the tentative conclusions presented by England in his analysis of 500 letters of testimony was that "the role of the practitioner is akin to that of the psychotherapist, and much of the alleged effectiveness of this religion in relieving ills rests upon the establishment of a quasi patient-psychiatrist relationship between the sufferer and her practitioner."¹⁴ The present study certainly strengthens this observation. Of the 529 communicants, 77 per cent make definite mention of visiting a practitioner. A great number expressed their dependence upon these divine healers in terms which are quite similar to the patient-psychiatrist relationship at a certain stage of therapy. The following remark is an example of the dependent attitude sometimes found in the Christian Scientists' relationship with the practitioner:

. . . At this point an opportunity came for me to take a ten-thousand-mile trip, ten days of which I should be out of communication with a practitioner. It was a momentous decision. Should I stay home, which seemed wise from a human standpoint, or should I take my stand, trust God, and go?¹⁵

The affective relationship existing between patient and practitioner is also

¹³ England, *op cit.*, p. 452.

¹⁴ England, *op. cit.*, p. 453.

¹⁵ Vol. 61, p. 270.

illustrated by the effusive use of descriptive adjectives in referring to the practitioners. The most frequently used adjectives found in the sample were "loving," "patient," "consecrated," and "faithful." The frequency of the adjective "loving" was quite conspicuous, appearing more often than the other three combined.

The role of the practitioner is, however, quite unique when compared with the traditional role of physician or clergyman. Communicants make mention of the empathic ability of the practitioner in comparison with the rather detached, professional approach of the physician. Not a few communicants also stated that the practitioner accepted them completely whereas their orthodox priest or pastor was apt to condemn them. A first visit to a practitioner had the following effect upon one sect enthusiast:

. . . I was led to seek a clearer understanding by visiting a practitioner. *Although I feared and dreaded the encounter, expecting criticism and censure*, I received from one who had never seen me before more kindness and understanding than I had ever known. She told me of Love and joy and mercy and peace, of divine Principle underlying and directing the action of the whole universe, of my own inheritance of perfection through the reflection of infinite Mind.¹⁶

Though this psychotherapeutic process at times seems highly intellectual, metaphysical, and directive, it often leads to keen insight on the part of the patient. The following communicant, for instance, illustrates a degree of insight often found in orthodox counseling:

I saw for the first time the importance of looking within—searching my thinking—and began to put off offensive dispositional tendencies; for I had never possessed what is known as a good disposition. Selfishness, flourishing under the guise of sensitiveness, was recognized as a deceiver; the desire to dominate my family was discerned as a destroyer of happiness; and a caustic tongue was corrected gradually and its bitter prattle ceased.¹⁷

In several instances the insight manifested itself in mystical experiences not unlike those described in the literature of the psychology of mysticism.¹⁸

The Christian Science World View

One of the most significant aspects of Category C in Table 1 is the presence of a complexity of motivational factors. An analysis of the letters included in this section revealed health as the dominating factor sustaining

¹⁶ Vol. 61, p. 271. Italics are mine.

¹⁷ Vol. 60, p. 354.

¹⁸ "At once," writes one communicant, "I saw my spiritual at-one-ment with my creator, our Father-Mother God. Words are inadequate to describe my spiritual uplift . . . I sat there enraptured with this wonderful peace. I felt as air, and realized that my conscious self-hood really was spiritual, and that I reflected spiritual substance, and therefore that nothing else had any place to exist or be felt but good." Vol. 61, p. 736.

interest in Christian Science, but in a far less degree and in a much less specific way than in Category A. Indeed, Category C's primary value lies in a conspicuous presence of interwoven aspects which seem to evolve into a unique world view, or what we might call a very definite Christian Science *Weltanschauung*. Most of the persons in Category C had been members of Christian Science for many years; and if the dominating motivational factor leading to sect membership was at first health, continued identification led to a new *network* of motivational factors. In the older members and in those who were members since childhood a careful *Weltanschauung* was often apparent, a view of the universe which seemed to embrace and explain all experience. This is strikingly illustrated in the following letter written by an adolescent boy brought up in the Christian Science faith:

I have had many blessings through Christian Science. One of these was the return of our beautiful white collie dog after she had been lost for almost a year. We never agreed with error that she was lost, but knew that because divine Mind knew where she was, sometime we should know. She was found and returned to us under unusual circumstances.¹⁹

At times this Christian Science *Weltanschauung* takes on a strangely magical touch:

During my vice-presidency of a large bank, a memorandum carrying important information, having served its purpose, was thrown into a wastebasket. The following day this memorandum was urgently needed for a confirmation of facts. In the meantime, the content of thirty waste-baskets had been indiscriminately thrown together in nine large bags for disposal, but had not yet been carried out. Realizing the presence of divine intelligence, I approached those bags and took from the nearest one a crumpled piece of paper lying on the top. It was the needed memorandum.²⁰

As may be seen from the above quotation, the Christian Scientist is inclined to interpret all experiences in religious terms. The letters in this sample, for instance, were written during the war years; and, of the 529 communicants, 46 (9 per cent) made definite mention of war stress. These war troubles illustrate well the way in which this sect's world view seems to rise to every occasion, whether personal or cosmic in nature. The following letter, written by a London inhabitant during the blitz, points this fact up quite clearly:

During air raids, Christian Science has supported me, especially during one very heavy raid. I prayed for more understanding, and instantly I thought of the words from one of our hymns (No. 64), 'The Loveliness of Love is all around.' Soon after this, the fire in our terrace suddenly went out, and I went to bed resting in that 'peace . . . which passeth all understanding.'²¹

¹⁹ Vol. 62, p. 56.

²⁰ Vol. 62, p. 56.

²¹ Vol. 60, p. 353.

Nor are the forces contained in this sect's theology limited to individual and trivial events. The following correspondent attributes to her religion the capacity for cosmic manipulation:

. . . I received an airmail letter from my sister relating the miraculous escape of the group she was with. The lifeboat she was in drifted about for fifteen hours or more, finally being rescued by a destroyer. The swell of the ocean at that time was very great, making it difficult to reach the destroyer, several other boats overturning. However, my sister related that their boat seemed to be borne up, as if on the crest of a wave, without effort or mishap, and with perfect coordination the occupants were assisted aboard the destroyer and taken to Glasgow. . . . When my relatives attempted to make the trip a second time, a practitioner again worked metaphysically for them. All thoughts of fear were swept away. After a thirteen-day voyage, during which a submarine made several attempts to sink their ship, they landed safely in Quebec . . . ²²

Summary

An analysis of 529 letters of testimony written by enthusiastic followers of Christian Science revealed the following aspects of this healing cult: Membership consists largely of urban, married females who turned to this sect for reasons of health. Motivational factors leading males to this religion are more varied than in the case of females. In the cases of lifelong identification with Christian Science it was impossible to determine the specific motivational factor which led to initial membership, although health remained a conspicuous aspect prolonging interest. The cures claimed by this sect are very often extravagant and omnibus in character. The explanation that false diagnosis is the causative factor necessary to explain healings is not sufficiently supported in light of the fact that over one-half of the persons turning to this sect for reasons of health were first diagnosed by physicians. Though internal evidence certainly indicated the presence of a great deal of faulty diagnosis, the psychosomatic implication of illness is an ineluctable additional consideration. Most Christian Scientists find it necessary to visit practitioners in order to meet serious troubles. The relationship between patient and practitioner is unique and differs from the physician-patient and pastor-parishioner relationships. Practitioner-patient relationship resembles somewhat the patient-psychiatrist situation. Psychotherapy often results not only in cures of specific ailments but to mystical experiences and quite frequently to sharp perception and to keen insight on the part of the patient. In the case of Christian Scientists brought up in the faith the health factor—though a strong motivational factor sustaining interest in the sect—is often merged or intermixed with numerous other factors. In time this homogenization of motivational factors evolves into a definite Christian Science *Weltanschauung*, in the framework of which *all* experience is interpreted; this leads, at times, to magical explanations and to the belief in the manipulation of cosmic forces.

²² Vol. 61, p. 207.

JUDGMENTAL ATTITUDES IN PASTORAL COUNSELING

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To be "judgmental" is universally and heartily condemned in counseling literature today. The word has acquired such a freight of feeling that great energy and care are taken to point out the lack of a judgmental attitude and to declare one's horror of it. Seldom is there any real inquiry as to just what an absence of judgmental attitude means and if it is really possible.

This general attitude of condemnation is especially damaging to the development of pastoral counseling methodology. Religion and morals have been most readily identified with evaluation and judgments. Therefore, pastors are most likely to feel the pressure of attack and the impulse to "defend" themselves or to desert their established role and expectation. The defense may take the form of "justifying" the judgments of religion or of trying to prove that the religious counselor need not, and does not, any longer support the "judgmental" attitudes generally assumed to be his. In either case the defensive work tends to forestall any real penetration of the issue involved.

It is true that the phrase "judgmental attitudes" has enough obvious and commonly accepted meaning to arouse an immediate reaction. And just because it does have this seeming obviousness and is therefore so readily accepted, it is especially dangerous to an accurate understanding of counseling attitudes. It is so easy to assume that one understands by these labels more than he really does.

Generally, the "judgmental attitudes" have been pictured as at the opposite pole from the "accepting attitudes." These two sets of attitudes have come to represent the two opposite extremes of what is admittedly a continuum of counselor attitudes toward clients. For example, the "judgmental" pastoral counselor might express condemnation of drinking, adultery, murder, or mystic trances; the "accepting" counselor would not reveal his evaluations. Or to put it the other way around, the "accepting" counselor would appear to be neutral, while the "judgmental" counselor would concentrate on the evaluations and express them.

Like all such labels, these are more easily seen and applied to some other

counselor's theory and practice than to one's own. A doctor who believes that whether one drinks or not is of little importance will be quite scornful of a pastor's "judgmental" attitude in opposing it. His own attitude he may regard as "accepting" or "non-judgmental," whereas in fact he is making and expressing a very significant judgment in his neutrality. In the same manner, a pastor who has found his parishioners getting help from many sources may be scornful of the M.D.'s highly "judgmental" attitudes of condescension toward other therapies while assuming his own neutral judgment to be "accepting."

The superficial nature of these labels is uncovered when one tries to apply them to one's own work. A "judgmental" counselor will qualify his responses by evaluating "acts" but not the "personhood" of a client, since "God alone is final judge of his creatures." Or the counselor who regards himself as very "accepting" will qualify his acceptance by recognition of some physical, moral, ethical, or legal judgments which he feels strongly and may at best simply hold back from conversation with the client.

The superficiality of these labels is further brought to light when one considers the implications of the use of these responses. The "judgmental" responses are most truly *accepting* in the sense that they assume that the client is able to take and to handle all the genuine feelings and attitudes of others. And "accepting" remarks are most truly *judgmental* in any case—which inevitably arises—in which the counselor assumes the client is unable to bear the burden of the counselor's fullest expression of attitude.

Actually, all counselors must of necessity—first, because they are human creatures and, secondly, because they are counselors—make judgments. We decide it is better to make appointments or not make appointments, to talk about this subject or to leave the subject to the client, to encourage talking or to leave it to the client's desire, etc. Every counselor attitude is "judgmental" in that it is shaped and expressed out of some internal counselor values, beliefs, theories, readiness, courage, etc., and is therefore expressing some kind of judgment, being "for" or "over against" whatever the client is saying.

Both "directive" and "non-directive" are judgmental attitudes in that they are equally based on a conception and judgment about what is the most helpful kind of conversation with a client. Both "religious" and "secular" counseling arise out of judgments regarding the nature of human life and the universe. Clients may be frustrated by the meaninglessness of religious symbols to a counselor who believes his work rests on "scientific objectivity." Actually, this represents his judgment that religious symbols are unimportant. Or the client without religious training and background may be frustrated by another counselor who insists on using religious symbols because he judges them to be important.

The facts are that all counselors are "judgmental" and that differences are based not on whether they are judgmental or not judgmental but on the

differences between their evaluations. This is especially important to the pastoral counselor because he is more likely to be conscious and explicit about his judgments and evaluations while secular counselors obscure the evaluations underlying their work in the name of scientific classification. The religious or moral judgment labeling man is not nearly so crushing in our society as psychiatric evaluations and labels, yet repugnance still attaches to the former while the latter are accepted without a second thought.

The current fad which expresses this same kind of blind spot is evident in those who detest "judgmental attitudes," meaning usually some conventional attitude or church's doctrine, but who continuously refer to people and their behavior as being "mature" or "immature." This implies a very significant kind of judgmental attitude in itself, as would the observation that probably a really mature person would never think in such superficial generalizations at all.

As long as "science" presumes to be guided only by the facts, this illusion of "objectivity" and "non-judgment" dominates counseling theory. However, the differences between psychological and psychiatric "sects" now make very clear that judgments regarding what facts to consider and the internal judgments of the therapist *inevitably* bias and distort all counseling.

Another defense of such labeling of counselor method is the claim that there is a decisive difference between judgments expressed and judgments withheld from verbal expression. However, it is increasingly accepted that attitudes have a way of expressing themselves through everything we say and do regardless of our intention. The vehement attack and the sensitivity to certain "judgmental attitudes" on the part of some counselors reveal an extremely strong "judgmental attitude" of their own which is quite vividly—even if unconsciously—impressed upon the hearer or reader.

All counselors have some conscious and unconscious values. These values may be modified in interaction with the environment, but they are always there. They determine judgments. These judgments in turn are expressed or implied consciously or unconsciously in our interaction with other people. If these judgments operate unconsciously because we become defensive about having judgments, then all the worse for the counseling since such judgments are not chosen consciously and clearly and purposefully.

Indeed it is valid and may be exceedingly helpful to study the counseling process from the perspective of an evaluating process. Far from being damaging or irrelevant, this matter of evaluating—with which we pastors have always been concerned—may be very close to the heart of the therapeutic process. For it is when the client discovers a new evaluation of himself and the world about him that therapy is taking place. It may very well be that the training of good counselors would begin with helping them to make explicit, completely and fully, just what their values and judgments are, to examine and elaborate them, so that they become worthy of helpful sharing in the evaluating process occurring between counselor and client.

Any counseling process is an exploration into mutual evaluations. Even a counselor who believes judgments and decisions and evaluations and values for the client's life must be made by the client himself will still have expressed judgments about the method (making and keeping appointments, time, fee, etc.) and about goals (that the client become more self-directing, that he learn to meet reality more effectively, or that the client decide for himself when he considers himself satisfied). These judgments are expressed in one way or another and involve the resolving of two sets of evaluations into one mutual ground of operations.

Just as in all human relationships, the real damage or frustration of the counseling process comes from attitudes which are suppressed or unconscious and thus lack rigorous examination. Explicit "judgmental attitudes" have the advantage of clarity and can be accepted or rejected. The quality of therapy improves with clarification and conscious, purposeful choice of judgments rather than with their suppression.

This brings to light the pretentiousness of the claim of taking, or of the admonition to take, "accepting" attitudes toward clients. Why should one even think in such terms? Here is another human being involved with his individual perceptions and valuations of the world. He is related to God as much as is the counselor. We are all creatures of this universe. To have to make an effort to "accept" anyone else, or even to speak of it, betrays the underlying pride—the hidden, unconscious judgments which in a more subtle manner will influence the actual practice of the therapist. "Acceptance" is too often the attempt to hold at bay the narrow and restricted judgments pressing to be made, yet vaguely recognized to be ineffective and unhelpful; or else it is a consciously chosen judgment and value to be compared with other judgmental attitudes.

Let us try to indicate in deliberately evaluating terms the advantage counselors are trying to get at when they use the word "accepting." Is it not that they hope to move from counselor attitudes which rely on forces considered to be operative only in the counselor, to counselor attitudes which rely on forces operative in all men, from attitudes which rely on the created good codified in social mores to the creative good which is emergent in ever new and strange and unexpected places?

The thesis of this paper is that "judgmental attitudes" and "accepting attitudes" have become labels which may dangerously obscure the character of pastoral counseling and impede the development of the understanding of helpful counselor attitudes. Even worse, it may lead young pastors to forsake sound judgments under attack by secular counselors because of the illusion of the latter's greater objectivity. Rather than trying to repress or restrain "judgmental attitudes," they should recognize the fundamental and inevitable evaluations and judgments of *all* counseling. The personal evaluations of the counselor, brought out, made explicit, and elaborated, can provide the real data for developing more carefully examined and helpful attitudes.

SOCIAL CASE WORK IN THE TREATMENT OF MARITAL CONFLICT

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In presenting the ways in which social case work deals with marital problems, it seems advisable to look briefly at its philosophy and development. Social case work, as a professional discipline, is perhaps less clearly understood by the general community than either pastoral counseling or psychiatry. The pastor, as moral guide, teacher, and comforter in times of stress, is a familiar figure to most people. The psychiatrist, although less well known through direct personal experience, nevertheless has a recognized medical function.

Social case work has a religious origin, a psychological orientation, and a unique professional experience, all of which have combined to shape it into a separate and distinct discipline. In her book, *The Theory and Practice of Social Case Work*, Gordon Hamilton points out that our practice rests on certain moral assumptions: The goal of any society is human betterment through the progressive development of social, economic, and cultural standards, the promotion of physical and mental health and the responsibility of man for his fellow man.

The practice of social case work began long before it was defined. It represented the community in its responsibility for those of its members who, for various reasons, needed a helping hand. In the beginning the most common need was material assistance, but that was never the total need. For, in a very real sense, man does not live by bread alone. When the "friendly visitor" came into the homes of the "poor," she found all the elements of joy and sorrow, of strength and weakness, of dignity and meanness, of anxiety and hope which all families experience. The oldest records in family agencies reveal how the friendly visitor was used as consultant and guide in the many problems which beset the course of any family's life. In that early experience, social case workers learned some fundamental principles—among them, and pertinent to our discussion, that economic security is a vital factor in the maintenance of family life although it is not the sole determining factor in its strength or weakness, and that, by and large, the family, as an institution, presents the most favorable environment for the normal, healthy growth of children.

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The teachings of psychoanalysis which have so significantly influenced other professions had a tremendous impact upon the practice of social case work. It gave us insight into the unconscious motivations of behavior and helped us understand the inner forces of the human personality and the part they play in an individual's capacity to respond and to use himself and his environment. The result was a reformulation of our principles and practice to include this vital knowledge and to integrate it with what we already knew and found useful from our own experience.

In our current as in our past approach to helping the troubled person, social case work is interested in two interwoven facets of a person's life—the person and his environment. Mary Richmond's definition is still sound. She defined social case work as "the art of doing different things for and with different people by cooperating with them to achieve at one and the same time their own and society's betterment." The assumptions which stem from this definition have been stated by Gordon Hamilton to be: (1) The individual and society are interdependent. (2) Social as well as psychological forces influence behavior and attitudes. (3) All problems are "psycho-social," that is, they stem from forces within the individual and from forces in his environment; and they are interpersonal, i.e., they arise from the quality of relationship which people have with each other. (4) In social case work, whatever the setting in which it is practiced, consideration of family interrelationships is vital.

Once these assumptions are accepted as a valid basis for practice, the social case worker must be aware of the following:

1. The uniqueness and worth of every individual. Each person has his own way of responding because he is physically, constitutionally, psychologically, and emotionally the only one of his kind. He responds to the stimuli in his total environment in his own singular way. We are all familiar with the often marked differences between children in the same family. They have the same parents, go to the same school, attend the same church, live and grow in the same community, but their response to, and their use of, their surroundings are individual—entirely their own. It is important to respect these individual differences, but at the same time it must never be forgotten that this unique person is molded first by his family and later by the cultural and moral standards of his community; that he is a social as well as a psychobiological entity.

2. The concept of what is normal has a wide range. Because each individual is unique and because a democratic society offers him multiple choices, he will use his inherent capacities and his social environment in a way which will give him greatest comfort. This will vary from individual to individual, but so long as he functions constructively and in conformity with the standards of the community, the way he behaves may be normal for him.

3. Our conception of environment includes the physical factors in the

physical environment *and* the interpersonal relationships in which one is involved.

4. There is a relationship between physical well-being and mental health.

5. A person is motivated to change if thereby he has hope of satisfaction. The extent of change will depend in large measure on his capacity *and* the opportunities and resources in the environment which are available to him. Changes can occur as a result of a relationship with a professional person in which an individual feels deeply the concern of that person for his trouble, appreciation of his worth, and recognition and encouragement for his constructive strivings.

Social case work, then, is a method of dealing with people on an individual basis for the purpose of enabling an individual to function in regard to both his productivity and those interpersonal relationships which are of vital importance to him.

Within the framework of these concepts let us see how the case worker deals with a problem in the marital relationship. The first question which arises is: Does it differ from the way in which we deal with other problems? There is no unanimity on this point. Some believe that marital problems are unique in that they involve a specific relationship between two people, and that a requirement of service should be the involvement of both partners. Others believe that, while for best results it would be better to treat both—though the amount and type of treatment would vary with each individual—the exclusion of the applicant from service because his spouse will not participate is invalid. The troubled person is entitled to consideration for his own sake. Treatment of one marriage partner has often resulted in the improvement of the marriage relationship. Bearing in mind, however, that a disturbance in the marital relationship affects vitally the well-being not only of the marriage partners but of all members of a family, it is of the utmost importance to utilize our every skill to include both partners and to focus treatment on the relationship, even though only one partner can be or wishes to be involved.

There is also a difference of opinion as to whether marital counseling should be a special service in the community or within the family agency. Some hold that it should; others believe that such a tendency would jeopardize the services case work has to offer. If we bear in mind that social case work is concerned with the troubled individual as his problem expresses itself in his social situation and in his relationships, it becomes clear that what is involved in the treatment of a marital problem is no different from what is involved in the treatment of any problems involving a person and his social situation. In helping with any problem, the case worker must understand the problem, the person's motivation, both conscious and unconscious, his capacity for change, the factors in his environment and in his relationships which influence his problem.

The first step, then, in the treatment of a marital problem, like the

first step in the treatment of any problem, is to determine what makes the situation a problem. There will, of course, be no single cause but an interwoven pattern. Some of the things the social case worker must consider are these: (1) The current situation—what the individual sees as his problem now. (2) What caused the problem to develop? Have there been similar situations in the past either in this relationship or in others? How has the person dealt with them? (3) Is the problem caused by external factors such as serious illness, loss of job, interference of parents? (4) Is it a response within the personality which affects the individual's total capacity to function?

What the case worker will do will depend on how these factors stack up and whether the resources and skills of our profession will lend themselves to the treatment of this particular problem.

The tools we use are the interview and resources both within the agency for which we work and in the community. The initial interviews are primarily exploratory. The client tells his story in his own way. The worker follows it closely, noting the feelings which are expressed around the material presented, what kind of pattern the facts seem to be forming, and trying to help the client bring out what is relevant. There will be difficulty in eliciting painful material, but before determining how the situation should be treated, all relevant material must be known and evaluated.

When the problem becomes clear and the case worker understands the client's personality and his situation, she is ready to discuss how they shall need to work together toward some resolution of the problem. Depending on what is needed, tangible resources may be utilized either alone or supplementary to the treatment interviews. In any event, the case worker will be required to understand the psychological and social factors which are contributing to the difficulty. Diagnosis and treatment are of course not separate processes but continuously interwoven. It cannot be stressed too strongly, however, that treatment cannot proceed without sound diagnosis.

To understand the nature of the problem, to evaluate the client's capacity and motivation to move toward a resolution of it, and to determine the direction of treatment require skill and maturity in the case worker and the availability of resources in the community. The case worker must be a warm and giving person who naturally likes people. She must be aware of her own prejudices or biases. Her aim must always be to help a client solve his problem without expectation of love for what she is doing for him. The worker must guard against doing for the client what he can do for himself but, on the other hand, must recognize that not everyone is capable of self-direction. Such a worker will not be afraid to use authority where this is indicated either from the point of view of the client's or the community's welfare. She must know the resources of her agency and her community and be ready to use them creatively for the well-being of the client. Of crucial importance in effective case work is the relationship be-

tween client and worker. It must include the knowledge and skills which technical training for social case work teaches and, as important, it must contain a feeling for and with the person and his problem. What do we mean by this?

In order that the troubled person be able to reveal himself, he must sense the worker's concern for his situation and feel her interest in helping. This relationship will be different from others he may have had in that his goodness or badness and the rightness of wrongness of his position are not the consideration, but rather why this person has come to this pass and what they can do together to help him resolve or ease his problem and, hopefully, to avoid its repetition. In order that the client may feel free to reveal himself, feel a sense of confidence in the worker and a conviction about her wish and competence to help, the worker will need to be aware of her own attitudes both in regard to the kind of person the client represents to her and the kind of situation in which he finds himself. Her feelings must be consciously controlled so as not to disturb, either through overidentification or rejection, the purpose which she is to serve. How this relationship will be used should depend on the kind of person the client is, his needs, and what the goals of treatment are.

If tensions have arisen in a stable and well-integrated family because of external circumstances such as illness, unemployment, inadequate income due to lack of skills, etc., the resolution of problems would be sought through the skillful and imaginative use of community resources. Even though there might appear to be certain neurotic elements in the marital relationship, if the tangible services tend to restore the family's usual way of functioning and decrease tensions, the case worker's job is done. This kind of situation is not uncommon in the experience of family agencies.

When the worker becomes aware that the problem is rooted in the personality pattern of the individual or of both partners in a marital conflict, the worker will try to support the expression of those aspects of the behavior which are predominantly positive. For example, if a family has held together over a period of years, although there may have been periodic dissensions, one must assume that the marriage contains elements of gratification as well as of dissatisfaction. Out of conviction about the values of family life, the case worker's first efforts will be in the direction of maintaining the family through stressing the factors of gratification while, at the same time, trying to deal with those attitudes which threaten the family's stability.

There will be situations in which the support and reassurance of the worker will be insufficient to maintain the family's equilibrium. The marriage may have been tenuous and conflictful throughout, with gratification in every area at a minimum. The need here involves an attempt to help the client see why he is behaving as he is and supporting strongly that part of his ego which strives for constructive and mature ends.

In the course of trying to help partners in a marriage, the social case worker may need to utilize psychiatric consultation. The purpose of this is to add clarity to our understanding of the complex emotional forces that are interfering with good marital adjustment and to aid us in treatment.

There are some problems which call for treatment by psychiatry, for social case work, while its workers are trained to recognize the influence of unconscious factors on behavior, does not focus treatment on the unconscious *per se*. Assuming that psychiatric care is necessary, the case worker will often have a responsible role in helping the person recognize his need and mobilize himself to move toward that treatment.

I find as I come to the end of this paper that I have not discussed those marriages which can result only in dissolution. Because it has strong convictions about the values of family life, social case work puts great emphasis upon the maintenance of the family. There are, however, marriages the maintenance of which can have only destructive results. The handling of such a situation requires the utmost care. Much responsibility for the final decision must be left to the client. When it becomes clear, however, that a solution within the marriage is preponderantly negative for both parents and children, the case worker must assume responsibility for helping the client move in the direction of dissolution. We know from our experience that, while divorce may temporarily ease a situation, new problems arise almost at once—the matter of support; the question as to who shall have custody of the children; the effect which the absence of a parent will have upon the children, upon their relationship to the remaining parent and upon the remaining parent who will be faced with the total responsibility for the care of the children. Then there is always the vital question of whether a person who has made an unhappy marriage may not do so again unless he is helped to understand what he is looking for in marriage. When a marriage cannot continue, considerable and often prolonged help is required until such time as a new and, hopefully, better basis of equilibrium is attained.

In summary, I have tried to make these points:

1. Case work is a distinct profession with definite disciplines, a defined area of practice and with specific qualifications for its practitioners, both personal and professional.
2. It rests on the assumption that the well-being of the individual and of society are interdependent.
3. It believes that the family is the most vital factor in the development of normal healthy individuals.
4. This conviction has been strengthened by the teachings of psychoanalytic psychology.
5. Social case work approaches the solution of problems through a con-

sideration of the individual and the social situation in which he finds himself, recognizing the uniqueness and worth of every person, maintaining a flexible concept of what is normal, defining environment broadly to include social situations, physical and mental health, and personal interrelationships.

6. A warm supportive relationship with the case worker can affect positively the client's motivation and capacity for change.

7. The social case worker must understand herself as well as the client.

8. In the treatment of marital conflict, social case work uses the same principles and techniques as it does in other kinds of difficulties.

9. It uses the interview both for exploration and treatment and utilizes creatively such tangible resources as may be necessary and available.

10. Because of its conviction about its values, social case work utilizes its best skills to maintain and strengthen family life through support of the positive elements in the marital relationship.

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EDITORIAL

Judgment and Acceptance in Counseling

The article by Mr. Yoder on the problems of judgment and acceptance is an excellent antidote to a prevalent point of view in counseling discussions. In the development of theory in any field, the pendulum swings back and forth, and in the attempt to find balance through examining the extremes lies insight. The article raises certain questions worthy of consideration.

Mr. Yoder's emphasis on the fact that there is an element of evaluation in all counseling is sound. The counselee has made an evaluation in the act of coming for help. The counselor makes an evaluation in accepting him for counseling. In a deeper sense, life has rendered a judgment on the person in terms of the tensions and dissatisfactions that bring him for help. Theologically, we may say that the judgment of God is implicit in this situation.

A person may come with a deep sense of self-condemnation and spend his time castigating himself. What does judgment and acceptance mean here? Or a person may come with an over-developed sense of his own importance, and may complain that others do not accept this. What does judgment and acceptance mean here? Is the methodology in counseling any different in the two cases? What determines methodology in a given situation?

Now it is clear that the emphasis on "non-judgmental" attitudes in discussions of counseling is a reaction against attitudes of criticism and condemnation still too prevalent in pastoral counseling. Such condemnation, though directed at the behavior of the counselee, is felt as a blow to whatever little self-esteem that may be left, and hence adds further injury. Yoder is right, the counselor's unconscious attitudes will show for better

or for worse. We are not clear as to what he means by his last sentence—where these attitudes should be brought out and recognized. If he means that this must be done in the process of training, and by the counselor throughout his ministry, in a continuing process of soul searching, either on his own or in consultation with another counselor, we would heartily agree.

Yoder's criticism of the use of the word "acceptance" is quite to the point. We see his remarks illustrated in a group of seminary students who latch on to this word as to a magic amulet. "Just accept people, it's as easy as this. Nothing else is required. No particular knowledge is needed. Just accept them."

Obviously this is a superficial attitude designed to permit the student to avoid serious consideration of both himself and others, and of the honest meaning of the relationship that he creates with persons. Actually, the genuine acceptance of persons, the kind of acceptance which makes growth and insight possible, is a difficult, emotionally costly and at times painful experience for the counselor. It is much easier for him to condemn, implicitly or explicitly, or to confuse acceptance with a kind of passive, neutral attitude which is really an emotional withdrawal from and rejection of the counselee. Genuine acceptance of another means that first one must resolve the conflicts within himself, or that the counselor must face problems within himself brought out by his relationship with the counselee. Indeed, genuine acceptance is not contradictory to judgment in its true sense; genuine acceptance is an attitude directed toward the central core or self, as distinguished from the more superficial symptoms and defenses built up against anxiety. When I comment to a young woman that the counseling process is blocked and will continue to be blocked as long as she refuses to move from the discussion of superficial events (symptoms and defenses) to a consideration and expression of her deeper feelings, I am passing judgment (evaluation). But if this is to be helpful, it must be in a relationship where she is already certain of my acceptance of herself as one worthy of help, where she has already sensed my concern that she find a greater fulfillment of her real self. Within this setting she now recognizes the judgment as part of this acceptance of her real self. If, on the other hand, there is behind my statement unconscious hostility toward her, then my comment will be harmful, not helpful.

This discussion is by way of pointing up the problem of training pastors for counseling. To an extent this training must proceed on a verbal level. But if it stops there, it is woefully inadequate and even dangerous. Training in counseling is essentially an experience in being and becoming. The kind of person he is and the way in which he relates to others is the central focus of pastoral counselor training. An intellectual discussion of counseling principles or attitudes will not of itself produce this result. Several other kinds of experience are needed.

One is the experience of being confronted, in the learning situation,

with what one is in relation to other persons. Discussion of such problems as judgment and acceptance must take place in an atmosphere where the student becomes aware of the significance of these experiences to himself, both as a receiver and a giver. This will create anxiety in the student, but if handled constructively this is the beginning of growth. This suggests that the teaching of counseling is akin to the process of counseling itself.

Being confronted with oneself, and with an imperative need to become a more mature person, leads to another kind of experience for the student, that of receiving some counseling for himself. Nothing can teach the deeper meaning of judgment, acceptance, and of all the other concepts of counseling better than the experience itself. This helps the pastor become his real, genuine self, so that it is this self, not a defensive, condemning or superficially accepting self, that he gives to those with whom he later counsels.

A third experience is in clinical training, where through close relationships with suffering persons, under adequate supervision, the student is helped to understand his relationships with others, to work through those which are harmful and to develop helpful relationships. There is no contradiction between these experiences; a creative classroom experience, a period of personal counseling, and an experience in clinical training supplement each other in the process of becoming a person who can give genuine love to others in crisis situations.

As the Christian Church rediscovers that the Gospel is a living relationship with God in Christ, that is communicated deeply only as it is real within the communicator himself, then theological education will shift to a program in which intellectual achievements will be part of a total process wherein the whole student and his capacity for redemptive relationships with others will be stressed.

C.A.W.

BOOK REVIEWS AND NOTICES

EDITED BY THE REV. ROLLIN J. FAIRBANKS

The Teaching Ministry of the Church: James D. Smart; Westminster Press, Philadelphia, 1954. 207 pp. \$3.00.

James D. Smart, for six years editor of the Presbyterian *Christian Faith and Life Series* and now pastor of Rosedale Presbyterian Church, Toronto, has been concerned about the absence of serious and thorough theological investigations in the field of Christian education. He is happy about only two books in over a century, Horace Bushnell's *Christian Nurture* and H. Shelton Smith's *Faith and Nurture*. The Church has not understood its ministry of education either because it remained in the dark ages of older methods or it espoused the new methods without making a theological orientation. He traces the history of religious education in recent years, with special attention to what leaders in the International Council of Religious Education believed. He feels that all recent attempts to rethink the relation between theology and Christian education have failed to go to the root of the matter.

He does not come to terms with the findings of modern study of the nature of man, and therefore he does not relate the Christian doctrine of man to present psychological studies. This hampers his presentation of what the pupil is like, even though he shows an awareness of how subject matter must be graded. At no place does he point to the significance of the present historical era, and while he condemns moralism throughout the book, he provides no statement of the relevance of the Christian Gospel as man makes his decisions in the world.

He deals intelligently with the use of the Bible and writes that "they must not be studied *by themselves alone* and divorced from the life situations of today in which the revelation of God must take place" (p. 118). But this *situation* never becomes clear outside the confines of the Church as an institution! He emphasizes the place of worship and the need for fellowship, he knows that we belong to "the Church of the ages," and he writes that there must be "specific training *to be* the Church in the world today" (p. 129).

All of this is good. Seen in the context of the Christian home, the kind of education he desires is not only a possibility but is also a great improvement over what we have had. He is asking for something better than the *Christian Faith and Life Series*, which is theologically oriented and is perhaps the best set of materials available today. But neither the theory nor the practical suggestions carry the reader as far as the *Seabury Series*, which the Protestant Episcopal Church has just published. The "language of relationships" as developed in the thinking of Martin Buber, H. H. Farmer, and Reuel L. Howe, suggests a dynamic approach to Christian living through personal relationships that makes the Bible relevant to the learner's decisions in all aspects of personal and social life. We need a book that builds

on what Smart has written, although at present his is the best book in the field in the past few years. It needs an index to be really useful for reference.

RANDOLPH CRUMP MILLER

■
The American College Chaplaincy: Seymour A. Smith; Association Press, New York, 1954. 180 pp.

This volume, from the Assistant Professor of Religion in Higher Education at Yale University Divinity School, is the revision of a doctoral dissertation. Ordinarily this in itself might be a reasonable indication of a somewhat ponderous and foreboding book, but such is not the case with this small but highly significant volume. Dr. Smith has done an admirable job of describing and interpreting a relatively new field of Christian service, the college chaplaincy.

Supported by some rather impressive statistics, Dr. Smith points out that the American college chaplain must of necessity move in several roles: as preacher, as teacher, as director and as counselor. The ubiquitous nature of the college chaplain's task is complicated still further by the newness of his situation—for though educational institutions have had religious leadership on their campuses for a very long time, it is only relatively recently that the college chaplaincy movement has taken on momentous scope. (Note the organization and proliferation of the National Association of College and University Chaplains in 1948!) The neoteric nature of the movement necessarily leads to new definitions and to new responsibilities. Dr. Smith covers this aspect well in his chapter on the training and experience of college chaplains, an especially helpful section for those seminarians who may be contemplating a student ministry.

The parish clergyman will find this book especially valuable in two rather specific ways: In the first place, it does a very respectable job of describing a relatively new field of Christian service; and it indicates the unique problems of a campus ministry and of the necessity of a trained ministry to meet these problems. This primarily descriptive elaboration leads to a second emphasis, namely, the importance of the parish clergyman's relationship with institutions of higher learning. *The college chaplaincy is an extension of the local church!* The local minister ought surely to appreciate this fact, to think of the campus minister as performing a religious function which he is now unable to perform due to geographical circumstances. To do this effectively the parish minister should know the peculiar problems and circumstances of the college chaplain. This book should prove to be an immense and stimulating contribution toward that goal.

ORLO STRUNK, JR.

●
If You Marry Outside Your Faith: Counsel on Mixed Marriages. James A. Pike; Harper and Brothers, New York, 1954. 191 pp. \$2.50.

During the weekend just before this reviewer received Dean Pike's book for review, he had conferences with two couples: one Jewish-Protestant, the other Roman Catholic-Protestant. Both marriages probably will take place,

and under Protestant auspices. But the Roman Catholic parents are unhappy, and the Protestant parents in the other case are furious. It is evidence enough of the realism of the author's work that it quotes accurately very large segments of the discussions in which this reviewer has been taking part.

Dean Pike presents two major judgments. One is that a mixed marriage should be discouraged if and when there still is time, because it creates so many extremely difficult problems. The other is that when the couple get married anyway, the counselor's and/or pastor's duty is to aid them toward a considered, intelligent, and mutual facing and resolution of the problems that they have chosen to take on.

A principal service of the book is its clear and authoritative statement of the views of the several communions. One regrettable feature which emerges therefrom is that so many of our communions seem to have no more than unclear and uncertain views of their own. Protestants are commonly and naturally troubled by the rigorous, uncompromising position of the Roman Church. But they should be equally troubled about their own ambivalence and reticence in presenting the claims of their own version of the Faith.

Those who have to deal with the issue professionally will find this little volume a continuing resource for both data and direction. Those who are facing the decision personally should have Dr. Pike's gentle but sturdy analysis promptly placed in their hands. As a college chaplain this reviewer has urged the local book store to order a generous supply.

GEORGE HEDLEY

•

The Ministry of Counseling: Carol Murphy; Pendle Hill Pamphlets, Wallingford, Pennsylvania, 1952. 32 pp. 35 cents.

There are many who are unable to identify what is religious in psychotherapy and counseling, who seek earnestly for a rapprochement between depth psychology and the Christian faith. Would-be mediators are often so emotionally identified with one discipline or the other that objectivity is often difficult to achieve.

In this pamphlet Miss Murphy deals with this problem constructively, simply and yet thoroughly. A some-time student of one of the Associate Editors of this *Journal* (the Rev. Carroll A. Wise), she has read carefully in the voluminous literature which is mushrooming in this country and has drafted an essay which can help us all to recognize the ministry of counseling. Every seminary library should have one or more copies.

ROLLIN J. FAIRBANKS

•

Religion and Mental Illness: Carol Murphy; Pendle Hill Pamphlets, Wallingford, Pennsylvania, 1955. 31 pp. 35 cents.

This is a perceptive essay, well written, and it should do much to bridge the gap between professional and popular presentations on this important

relationship. The author is a student of religious philosophy as well as of counseling and has received clinical training at two famous institutions. She has drawn upon this experience in a very practical way and has prepared a booklet which should be placed in the tract rack of every church alert to adult education. Those supervising clinical training should see that copies are available to their students. There is an excellent, up-to-date bibliography.

ROLLIN J. FAIRBANKS

•

The Problem of Homosexuality: Karl M. Bowman, M.D., and Bernice Engle; American Social Hygiene Association, 1790 Broadway, New York, 1953. 15 pp. 15 cents.

Reprinted from the *Journal of Social Hygiene* this booklet provides some of the most helpful material this reviewer has seen. Homosexuality is greatly misunderstood and the secrecy that has surrounded it has resulted in the accumulation of a great deal of misinformation. The authors have assembled in this document, in admittedly summary form, current knowledge on the causes, types of treatment, differences in the two sexes, legal aspects, and prevention. There is also a list of references. The treatment of the subject throughout is simple, direct and impartial. All students of human behavior, whether directly involved in counseling or not, will be wiser and more understanding if they will have read this.

ROLLIN J. FAIRBANKS

•

Men and Women: Gilbert Russell; Seabury Press, Greenwich, Conn., 1954.

If we may speak of "Anglican common sense," then this little book exemplifies it. Its author was a doctor of medicine before his ordination, and has for some years been director of the Church of England Moral Welfare Council. Here he brings his medical insights and his theological sanctions together in a moderate, realistic, and constructive way, on the perennially important subjects of love, sex, marriage, and the family. Possibly its most distinctive trait lies in its attempt to correct the present trend toward the "romantic myth" of individualistic or atomistic love-relations in the direction of a healthier classical Christian view, and thus one more socially concerned than the movies or magazines ever try to uphold.

JOSEPH FLETCHER

•

Jehovah's Witnesses: Royston Pike; Philosophical Library, New York, 1954. 140 pp. \$2.75.

We are told that "The message of the Witnesses has been directed toward the great mass of men and women who are dissatisfied with their lives but do not know what to do about it." Apparently they picture the bliss of the millenium and, according to the author, many find it just what they want. Certainly this religious movement is evidence that at least a segment of our society is not finding what it wants in the more established denominations. One might ask, however, if people are *really* finding help in

the Jehovah's Witnesses movement? The author believes that some are, and he himself is an observer, not a follower. His description of the Witnesses seems (to this reviewer) to be fair.

HAROLD T. HANDLEY

■
Building Your Life: Judson T. and Mary G. Landis; Prentice-Hall, New York, 1954. 331 pp. \$3.20.

This textbook is so well designed to help high-school young people develop toward mature adulthood that it offers excellent material for discussions by youth groups in the churches, although the religious orientation must admittedly be provided by the leader. A teacher's guide is available. Excellent bibliographies, film lists, questionnaires, and suggestions for activities, role-playing and socio-drama are also included in the text.

CHARLES M. STYRON

●
The Holy Land: James Riddell; Seabury Press, Greenwich, Conn., 1954. 96 pp. \$6.50.

Those clergymen who are particularly interested in visual media for achieving better communication in religious education will find this book of photographs of the Holy Land an excellent resource. Not only are the pictures descriptive and eloquent and the choice of subjects exceptionally good but the photography itself is excellent and is backed up with splendid typography and format. The author and publishers are to be congratulated.

ROLLIN J. FAIRBANKS

■
The Greatest of These: Jane Merchant; Abingdon Press, New York, 1954. 96 pp. \$1.50.

Here is another interesting piece for that growing mosaic of contemporary devotional literature. The author, who is physically handicapped but spiritually alert, has assembled in this small volume some 86 devotions consisting of scripture texts and prayers and, in between, her own lovely poems. The latter are simple in content and structure, but memorable.

HAROLD T. HANDLEY

OUR REVIEWERS

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CURRENT PERIODICAL LITERATURE

EDITED BY THE REV. JOSEPH F. FLETCHER

"A Rabbinic Theory of Instincts," by Rabbi Arthur Gilbert, *Psychoanalysis*, Spring, 1955, Vol. 3, No. 3, pp. 36-43.

From the vantage point of our new psychoanalytic knowledge the Biblical and rabbinic idea of human drives may seem primitive, empirically faulty, and reactionary. But we may still respect its ancient wisdom and insight. The rabbis propounded a "psychology" based on the idea that men were endowed by God with two built-in impulses, one evil (the Yetzer Ra) and the other good (the Yetzer Tov). They also taught that men were created as free agents, endowed with reason and instincts, effective referees between the impulses. In a Midrashic parable, God tells men ("Adam") that He has created all things for them, and warns: "do not corrupt and desolate my world; for if you corrupt it, *there is no one to set it right after you!*" They taught that because of man's disregard of the warning the Lord may well have regretted His creation of the evil impulse (the Yetzer Ra which might well make a man a pioneer instead of a gangster!), but now it is too late. This ancient idea that internal biological and psychic processes account for so much human behavior was held by the rabbis without any exact locus of these instincts. They generally agreed that the evil impulse starts from birth, not from conception, basing their notion on the Biblical Text "sin croucheth at the door (at the exit of the womb)," Sanhedrin 91B. A few tried to claim that evil was an *external* force, but the biological rather than the demoniac theory was more common. The good impulse was manifested at Bar Mitzvah (a puberty rite in the 13th year), therefore was 13 years younger and weaker than the evil impulse! This Talmudic theory of conscience foreshadowed the modern view that conscience (the Yetzer Tov) is acquired or developed from community values through personality growth to puberty. By attributing evil impulses to children this "psychology" avoided the naive notion of the Platonic doctrine that children are sweet and innocent, untroubled by fleshly sexual strivings, and fresh with glorious intimations of immortality. Some rabbis regarded the Yetzer Ra as the source of aggression, others of egocentricity, most thought it the clue to *sexual* desire. However, they allowed that sexual desire is evil only when misused, not in itself. They sought to combat or control the evil impulse by (1) repression, and (2) avoidance through rules of tempting situations, but these strategies did not work. They also tried, more successfully, what Freud called the "Jewish" technique, reaction-formation. That is, when a man felt an evil impulse coming on, he was urged to do good. But the most effective device they recommended was (4) self-acceptance or "flight into reality." As a final resort Judaism would advise the sinner, as in the Talmud, "to go to a place where he was unknown, put on black clothes, and do what his heart desires."

J. F.

"Chloropromazine," in *The Psychiatric Bulletin*, Winter, 1954-55, Vol. 5, No. 1, pp. 9-11.

Chemotherapy for mental and emotional disorders has of late received some attention in the popular press, chloropromazine being often mentioned. It is a central and autonomic nervous system depressant, originally synthesized in France about four years ago. It produces psychomotor retardation and drowsiness. If this condition is increased to somnolence the sensorium and intellectual facilities are clear, which is not true when sedatives are used. The drug does not produce narcosis, coma, or amnesia, yet by its inhibition of anxiety and excitement it increases the patient's capacity to respond to psychotherapy, a sort of "chemical frontal lobotomy." Much is yet to be learned about dosage and the like, but already it has improved and eased treatment in several disorders. In acute alcoholism it bypasses use of paraldehyde and barbiturates. In manic-depressive psychosis it is obviously indicated for both acute and chronic mania, but even in depressions there is evidence that chloropromazine, added to electroshock treatment, improves results. In schizophrenia there is no reason to believe that the drug affects hallucinations or delusions, but it seems to reduce disturbance caused by them. Whether it can affect the schizophrenic's basic personality structure remains to be seen. And it augments treatment-control in senile psychosis, and in the care of agitated seniles without psychosis.

J. F.

"Amnesia," in *The Psychiatric Bulletin*, Spring, 1955, Vol. 5, No. 2, pp. 36-38.

Novelists treat amnesia as a mysterious loss of memory. Actually, memory records in the cortex of both frontal temporal lobes are relatively permanent. Memory is not a special faculty; it is an adjustive mechanism in our integrated mental functioning, promoting adaptation and assisting us to learn from experience. There are three disorders of memory: (1) Hypermnnesia, or abnormally heightened memory, as in "mathematical wizards" and multi-linguists, and "memory experts." It is experienced in disaster, near death, in mild mania and paranoia. (2) Paramnesia, or falsification of memory, as in confabulation in senility, or Korsakoff's syndrome in chronic alcoholism. In these cases the patient fills in the gaps in memory by fabrications which *he* accepts as facts. These fictions are not consistent, and this may be suggested by the hearer. Two other kinds of paramnesia are "*deja vu*" and "*jamais vu*." The former is an illusion of familiarity in something not previously experienced; the latter is an illusion of strangeness in a situation previously familiar. These things occur in normal people under stress, as well as in schizophrenia, psychoneuroses, epilepsy, and intoxication. (3) Genuine amnesia may be due to *organic* causes such as toxins, trauma, tumor, and degenerative changes, or to *psychogenic* causes or "hysterical dissociation." In the latter cases patients do not forget, they refuse to remember. Amnesia should not be assumed to be psychogenic without good reason. The difference between hysteric and feigned amnesia is sometimes impossible to determine; the latter is more common, but either kind is symptomatic of a neurotic personality. Amnesia, in short, is a symptom, and the prognosis is usually good.

J. F.

"Recherche sur la mentalité des malades de le lèpre," by Sonia Letayf, *Revista de Psicologia Normal e Patológica*, Jan.-Mar., 1955, Vol. 1, No. 1, pp. 3-59

[This paper on psycho-social research suggests that a religious inquiry might well be carried out in one of our American leprosaria, possibly by trained chaplains in the Louisiana center.] The author, a psychologist in the Catholic University of Sao Paulo, Brazil, reports on the first findings of a study of the mental attitudes and emotional constitution of 6813 lepers interned in five centers. Evidence abounds of the shock which people suffer at learning of their illness. Observation in a leprosarium indicates that the most destructive element in the outlook of lepers is the social rejection they encounter ("le plus grand 'rejet social' paraît atteindre la maladie de Hansen"), due mainly to ignorance and a false, as opposed to a realistic, frustration. Questionnaires, clinical interviews, analysis of the confidential diaries, literary works, correspondence, indicate that rejection is the heart of despair and consequent psychosomatic degeneration. Thus questions are raised as to the nature of the experience of loneliness or alienation, both existentially and pathologically.

J. F.

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"The Cult of Reassurance," by Wayne E. Oates, *Religion in Life*, Vol. 24, No. 1, Winter, 1954-55, pp. 72-82.

Books by Norman Vincent Peale have a wide sale, as Liebman's *Peace of Mind* had. James Pike has remarked that in such works "God becomes a tool for man's advantage. Religion becomes . . . a way to sleep better." Albert Outler has called it "a cult of reassurance" in his *Psychotherapy and the Christian Message*. Professors and clinicians in pastoral theology are often thought to be devotees of Pealism. What then, from that perspective, is to be said about it? Dr. Peale declares that "faith" is a realization of one's wishes through effective thought control and "religion" is a means of achieving these wishes successfully. He preaches this "at a great profit, and his sermons become the paregoric of the tense, unloved, lonely, fearful, purposeless, fretful masses who buy, read, and wear out his book." The most effective criticisms of Peale are religious, namely: (1) he regards personality as a reflex-mechanism, subject to the prudential ethics of Proverbs and to a kind of wishful voluntarism, without regard to the contradictoriness of people, which St. Paul understood (Romans 7:15), (2) Peale's success-religion overlooks our human need to *accept* our *real* limitations, for he denies *any* limitations (or ignores them), (3) he fails to see that Christian faith is a way of handling failure as well as an aid to success, having a Cross at its center rather than being a Success Story. Peale's advice is what Karen Horney called the competitive neurosis of our time; this success religion is the pattern of American Business in a religious version. Psychological criticism of Pealism would be: (1) his use of conditioning is a dangerous repression-technique, as in "Never use a negative thought in prayer. Only positive thoughts get results." This neglects the vital role of insight in growth and maturity. (2) His use of repetitious reassurance encourages people to use "these emotional barbiturates" and they become "habit-forming" drugs, since a person who has found real security and insight has no need to depend upon such crutches. They lull the person away from getting the help he really needs. (3) Peale's use of suggestion is a revived form of the Couéism

of the Twenties ("Every day in every way I am getting better and better"). Autosuggestion is an "upper-level" type of hypnosis, and as a therapeutic method it is subject to all of Freud's strictures on it. (4) Peale in his advice on "how to use faith in healing" oversimplifies psychosomatic medicine, even leading readers or hearers to believe, for example, that diabetes is just a matter of feeling disappointed or grieved!

J. F.

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, AND JULY 2, 1946 (Title 39, United States Code, Section 233) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF THE JOURNAL OF PASTORAL CARE, published quarterly at 1312 Eye St., N. W., Washington, D. C., for Fall, 1955.

1. The names and addresses of the publisher, editor, managing editor, and business managers are: Publisher—Council for Clinical Training, Inc., 2 E. 103 St., New York 29, N. Y.; Editor—Rev. Ernest E. Bruder, St. Elizabeths Hospital, Washington 20, D. C.; Managing Editor—Dr. Luberta M. McCabe, 61 Lexington Ave., Cambridge 38, Mass.; Business Manager—Miss Emily A. Spickler, Administrative Assistant, 2 E. 103 St., New York 29, N. Y.

2. The owner is: Council for Clinical Training, Inc., 2 E. 103 St., New York 29, N. Y. There are no stockholders. The Council for Clinical Training is a charitable, non-profit corporation.

3. There are no known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

EMILY A. SPICKLER,
Administrative Asst.

Sworn to and subscribed before me this 4th day of November, 1955,

MARY E. SPOFFORD,

Notary Public No. 31-3793600. Qualified in New York County. Commission expires March 30, 1957.

NOTES AND COMMENTS

Appointment of the Reverend William R. Andrew to the staff of the Clinical Center, the combined clinical and laboratory research facility of the National Institutes of Health, Bethesda, Maryland, has been announced by Dr. James A. Shannon, Director of the Institutes. Chaplain Andrew is President of the Association of Mental Hospital Chaplains, a member of the Board of Governors of the Council for Clinical Training, and a member of the Commission on Ministry in Institutions, National Council of Churches.

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The first Lutheran Institute of Pastoral Care held in the State of Wisconsin graduated its first class of pastors on July 21 at Milwaukee Hospital. Five pastors received certificates of credit for six weeks of intensive clinical pastoral training under the direction of Dr. C. Charles Bachmann, Director of Chaplaincy Services of Lutheran Welfare Society of Wisconsin and Staff Chaplain at Milwaukee Hospital.

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The eleventh meeting of the Society for the Scientific Study of Religion was held at Harvard University on November 5. The theme for this meeting was "The Natural and Social Sciences Examine Religion." Among the speakers were Professor Talcott Parsons, Professor Clyde Kluckhohn, and Dr. Henry A. Murray. Persons interested in the Society may obtain information from the Secretary, Walter H. Clark, Hartford Seminary Foundation, Hartford 5, Connecticut.

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The Auxiliary Council to the Associa-

tion for the Advancement of Psychoanalysis has recently issued a list of "Publications in the Field of Personality" also a folder describing its lecture series, discussion groups, publications, meetings, and library. These materials may be obtained from ACAAP, 220 W. 98th St., New York 25.

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The Rev. Robert K. Nace, a member of the Board of Governors of the Council for Clinical Training, has resigned his position as Protestant Chaplain at Saint Elizabeths Hospital to become pastor of the Abbey Evangelical and Reformed Church in Huntingdon, Pennsylvania.

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The Rev. Robert A. Preston, formerly chaplain at Winter VA Hospital, Topeka, Kansas, is now Dean of Students at Bethany College, Bethany, West Virginia.

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A delayed dispatch from Denmark informs us of the death of the Rev. Gote Bergsten, an ardent leader and advocate of pastoral care in Sweden. Possessing special gifts in *Seelsorge* (the cure of souls), Dr. Bergsten directed St. Luke's Foundation, a non-denominational organization created to utilize Christian resources in the treatment of personal and psychological problems. The Foundation's center provided pastoral counseling for anyone in need. The Foundation also conducts homes for the mentally ill as well as retreat centers of a re-creative nature.